



Utilization of Malasakit Medical Assistance Program in a Selected Level I Provincial Hospital in Marinduque: A Retrospective Study

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ABSTRACT:

This study looks back at how the Malasakit Medical Assistance Program was used in a Level I Provincial Hospital in Marinduque from 2021 to 2023. The study seeks to evaluate how well the program improves patient results and reduces financial strains in a rural healthcare environment. The research examined patient characteristics, medical services received, frequency of program usage, and the amounts of financial aid using data from hospital records. Research results indicate a notable rise in program usage among all demographic categories, with individuals aged 36-60 consistently displaying the highest level of engagement. Outpatient service utilization surged significantly from 0.49% in 2021 to 87.55% in 2023. The program effectively reached its intended audience, with 82.2% of recipients identified as indigent patients. The Department of Health stepped up as the main funding source, distributing ₱104,800,000 with a utilization rate of 57%. This study offers important information on how the Malasakit Program helps enhance healthcare availability and affordability in Marinduque, serving as a potential template for comparable projects in other rural parts of the Philippines.

Keywords: Malasakit Center, healthcare accessibility, financial assistance, indigent patients, utilization patterns, Level I Provincial Hospital

Introduction:

Everyone should have access to the necessary health services as part of their right to health for all. This is consistent with the global community's pledge to implement the 2030 Agenda for Sustainable Development, which calls for universal health care (UHC). This guarantees that no one has financial difficulty and that everyone has access to the necessary preventive, curative, rehabilitative, and promotional health treatments that are of a high enough calibre to be successful. (WHO, 2012)

President Duterte signed Republic Act No. 11463, also referred to as the Malasakit Center Act, into law on December 3, 2019. In order to expedite and give ease in the delivery of medical services, the "Malasakit Center" is a one-stop shop for four partner organizations, namely Philhealth, PCSO, DSWD, and DOH, that offer financial and medical aid for individuals in need.

The Department of the Interior and Local Government (DILG) recommends that local government units (LGUs) encourage the utilization of Malasakit Centers (MCs) in order to bring government health and medical services closer to the people and communities. (DILG, 2021)

The Malasakit Medical Assistance Program has been implemented at provincial hospitals, such as those in Marinduque, in a significant effort (Ismael, 2021). The primary objective of this program is to offer crucial medical treatments to people facing financial barriers in accessing them. Evaluating how it is being used is essential to understand its impact and efficiency.

The program guarantees equal access to healthcare for all participants, regardless of their financial condition by providing financial aid to those who need it. We may evaluate how well the program is serving its intended audience and meeting their needs by looking at usage patterns.

Furthermore, a thorough analysis of the Malasakit Medical Assistance Program may provide insight into its potential to attract a more diverse patient population to the Marinduque provincial hospitals (The Freeman, 2023).

A review of the program's use provides important insights into how it influences Marinduque's health outcomes. We can assess the program's efficacy in promoting early interventions, offering necessary medical services, and potentially leading to improved health outcomes while reducing healthcare costs by looking at how patients engage in it.

Without a doubt, it is essential to thoroughly assess the execution of the Malasakit Medical Assistance Program in the provincial hospitals of Marinduque to enhance patient results and enhance healthcare availability. Hospitals can evaluate the effectiveness of their program and examine usage trends to optimize benefits for the community.

Literature Review

Medical Assistance Program

Assessing the utilization of medical assistance programs in Marinduque Provincial Hospital provides crucial insights into their impact on financial burdens for those struggling with medical expenses. A thorough evaluation of usage patterns can illuminate the program's efficacy in mitigating medical debt that often plagues individuals and families. Analysis of preventive healthcare service utilization can reveal the program's effectiveness in maintaining good health and preventing diseases. Such assessment also gauges how well it promotes health education and awareness within the community (Mataac, 2024).

The importance of scrutinizing these programs to understand their overall impact on health outcomes and community well-being is emphasized by Mataac (2024). By dissecting utilization patterns, areas for improvement can be identified, maximizing the program's benefits. This evaluation process serves as a critical tool for policymakers and healthcare administrators in refining and enhancing the program's effectiveness.

Expanding the medical assistance program and evaluating its utilization is crucial for enhancing healthcare access for Marinduque residents. Analyzing usage data allows the hospital to better understand service demand and allocate resources effectively. This data-driven approach ensures that the program's expansion aligns with the community's actual needs and preferences (Sapit, 2024).

Assessing program utilization can attract and retain talented healthcare professionals by demonstrating impact and creating opportunities for professional development, as noted by Sapit (2024). This aspect of evaluation highlights the program's role not only in patient care but also in fostering a robust healthcare workforce. Examining usage patterns can also provide insights into reducing patient healthcare costs and improving overall health outcomes, thus addressing both economic and health-related aspects of healthcare delivery.

Evaluating the utilization of the expanded medical assistance program at Marinduque Provincial Hospital is essential for improving healthcare access, optimizing resource allocation, and fostering a more sustainable and equitable healthcare system, according to Yu (2021). This comprehensive approach to assessment ensures that the program's benefits extend beyond individual patients to positively impact the entire healthcare ecosystem of Marinduque.

Provincial Hospital in Marinduque

It is essential to evaluate the usage of initiatives such as the Malasakit Medical Assistance in provincial hospitals to guarantee they are meeting the various healthcare needs of the population efficiently. This assessment aids in pinpointing deficiencies in service delivery and zones where resources could be either underused or overextended.

Assessing the use of emergency care services at regional hospitals can offer important perspectives on how well the program deals with urgent medical requirements. According to a 2023 article in *The Manila Times*, these hospitals have specialized emergency departments available around the clock, prepared to accommodate patients in urgent need of care. Evaluating the usage of these services can help enhance emergency care and streamline resource distribution.

Mendoza (2023) emphasizes the significance of examining usage trends to guarantee that provincial hospitals, such as the one in Marinduque, remain as symbols of hope for the local population. The commitment of its staff is showcased at the Marinduque Provincial Hospital, where services range from basic care to specialized treatments. Assessing the use of these services can ensure quality care and improve resource allocation.

The dedication to remaining at the forefront of medical progress in Marinduque's provincial hospital is remarkable. Salvacion (2022) stresses the importance of evaluating the use of cutting-edge medical devices and technology. This assessment guarantees that patients can utilize the newest treatments and diagnostic equipment, optimizing the advantages of the Malasakit Medical Assistance Program. It can also pinpoint areas that may require more training or resources in order to make the most of existing technologies.

Analyzing the use of preventive healthcare services provided by state hospitals is essential for enhancing the health and well-being of the community. Mendoza (2023) points out that the Marinduque Provincial Hospital is crucial to the community as it provides various preventive healthcare services. Evaluating the use of these programs can assist in customizing them to fit the needs of the community and enhance their effectiveness, which could potentially lessen the impact of avoidable illnesses.

POLITIKO *The Bible of Philippine Politics* (2022) emphasizes the need to assess how provincial hospitals are utilized to make sure they act as crucial resources for locals who cannot afford to travel far for healthcare. This is very important for Marinduque as the provincial hospital offers prompt medical care without requiring expensive and possibly dangerous travel over long distances. Evaluating how resources are used can improve access to care and allocate resources more effectively, especially for people in remote or underserved areas of the province.

The Marinduque Provincial Hospital functions as a center for healthcare education and training as well. According to *POLITIKO The Bible of Philippine Politics* (2022), these hospitals frequently hold medical training programs and workshops, aiding in the growth of healthcare professionals in the province. Assessing the effectiveness of these educational programs can contribute to the future viability of the healthcare system in Marinduque.

Basically, provincial hospitals are extremely significant to the residents of Marinduque. By conducting a comprehensive evaluation of their offerings, including the Malasakit Medical Assistance Program, these hospitals can uphold crucial healthcare services, curb disease transmission, and enhance the healthcare workforce, ultimately guaranteeing Marinduque residents access to top-notch healthcare and better overall well-being.

Synthesis

The evaluation of the effectiveness of the Malasakit Medical Assistance Program in Marinduque's provincial hospitals shows considerable effects on healthcare access and patient results. Analyzing how the program is being used shows that it has successfully relieved the financial strain on patients who have difficulty paying for medical costs (Digital Media Service, 2021). This evaluation shows how the program helps patients get essential medical treatment without worrying about financial issues, possibly resulting in better health results and decreased anxiety related to medical expenses.

Measuring the program's impact on improving access to medical care at Marinduque's provincial hospitals is possible through evaluating its utilization. According to Habon (2023), utilization data analysis allows researchers to evaluate how the program has improved access to healthcare, particularly for those living in remote areas or on a tight budget. It is crucial to comprehend how the program affects the many populations the province serves.

Moreover, examining the usage of the Malasakit Medical Assistance Program gives valuable information on how it helps in decreasing medical financial obligations. Researchers can evaluate the effects of the program on patient financial stability and hospital finances by examining how patients utilize it for medical debt repayment. This usage information is important for comprehending the program's wider economic effects on the healthcare system in Marinduque.

Evaluating the program's use also reveals its impact in nurturing a culture of kindness and understanding in Marinduque's provincial hospitals. Ismael (2021) proposes that analyzing the utilization of the program can provide researchers with insights into its influence on patient experiences and the general hospital setting. This usage information can be used to improve the supportive environment in healthcare facilities.

In summary, an in-depth evaluation of the utilization of the Malasakit Medical Assistance Program in provincial hospitals in Marinduque offers valuable insights into its efficacy. Through examining usage patterns in different areas of healthcare delivery, researchers are able to measure the program's effectiveness in enhancing access to healthcare services, decreasing medical debt, and fostering a caring healthcare atmosphere. This usage data is essential in improving the program and guaranteeing its ongoing success in addressing the healthcare requirements of Marinduque's residents (Ismael, 2021).

Research Gap

Additionally, there is a lack of research on the extended use patterns and population characteristics of those who benefit from these services. Current literature does not have thorough examinations on how factors like age, gender, and patient classification affect program usage in rural areas. Moreover, there is not enough information about how the program affects the finances of patients and healthcare facilities in provincial areas.

This research seeks to fill these gaps by conducting a thorough, retrospective examination of the utilization of the Malasakit Medical Assistance Program in the provincial hospitals of Marinduque from 2021 to 2023. By concentrating on this particular situation, the study will provide important understanding into how well the program improves healthcare accessibility and financial security for at-risk groups in rural regions. This information is essential for guiding policy choices and enhancing the execution of similar initiatives in equivalent healthcare environments throughout the Philippines.

Theoretical Framework

Andersen's Behavioral Model of Health Services Use (1968)

Ronald M. Andersen's 1968 Behavioral Model of Health Services Use serves as the foundation for this study. With its complete framework for comprehending the variables influencing health service consumption, this model is especially pertinent to our analysis of the Malasakit Medical Assistance Program in the provincial hospitals of Marinduque.

Andersen's model posits that health service use is determined by three primary factors: predisposing factors, enabling factors, and need factors. In the context of the Malasakit program, these factors can be conceptualized as follows:

Predisposing factors encompass demographic characteristics, social structures, and health beliefs that influence an individual's likelihood to seek healthcare. In Marinduque, these may include age, gender, education level, and cultural attitudes towards healthcare. For instance, the study's findings of higher program utilization among the 36-60 age group and women can be understood through this lens of predisposing factors.

Enabling factors refer to the resources and means available to individuals that facilitate or impede their use of health services. In the context of the Malasakit program, these include family and community resources, accessibility to health facilities, and awareness of the Malasakit program itself. The significant increase in program utilization from 2021 to 2023, particularly in outpatient services, may be attributed to improvements in these enabling factors, such as increased program awareness and enhanced accessibility.

Need factors comprise both perceived need (how people view their own health and functional state) and evaluated need (professional assessments of health status). In Marinduque, the high proportion of indigent patients (82.2%) utilizing the Malasakit program reflects a significant level of both perceived and evaluated need among this population.

By applying Andersen's model to our study, we can conceptualize how these various factors interact to influence the utilization of the Malasakit program in Marinduque's provincial hospitals. For example, the model helps explain why certain demographic groups (predisposing factors) might be more likely to use the program, how improvements in program awareness and accessibility (enabling factors) can lead to increased utilization, and how the program addresses the healthcare needs (need factors) of the local population.

This theoretical framework not only guides our analysis of the current utilization patterns but also provides a structure for understanding how changes in these factors could impact future program use. By identifying which factors most significantly influence Malasakit program utilization in Marinduque, this study can offer valuable insights for policymakers and healthcare administrators. These insights can inform strategies to enhance program effectiveness, improve healthcare access, and ultimately contribute to better health outcomes for the population of Marinduque.

Conceptual Framework

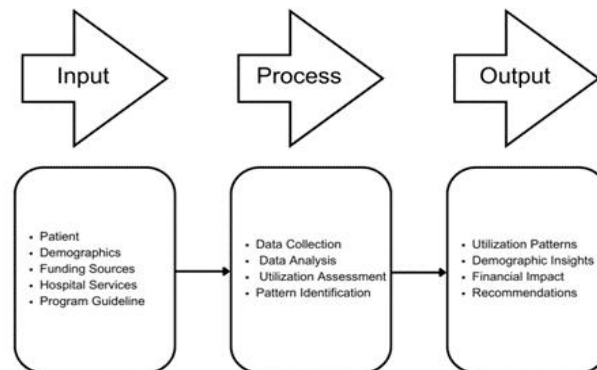


Figure 1. The Conceptual Framework

This study employs an Input-Process-Output (IPO) model as its conceptual framework. This research utilizes an Input-Process-Output (IPO) model to analyze how the Malasakit Medical Assistance Program is used in provincial hospitals in Marinduque. The Input component includes patient demographics, funding allocations, hospital services provided, and program guidelines, as well as raw data and information sources. These inputs are used in the Process phase, where data collection, analysis, evaluation of utilization, and pattern identification take place. The research process includes looking back at hospital records, analyzing usage trends statistically, and assessing financial data. Ultimately, the results of the study and what it produces - such as usage patterns, demographic information, financial effects, and suggestions for improvement - are represented by the Output component. This IPO format offers a systematic way to grasp the functioning of the Malasakit program in Marinduque's healthcare system, enabling a thorough assessment of its effectiveness and influence on healthcare availability for the local community.

Statement of the Problem

The Malasakit Medical Assistance Program is a major effort to improve healthcare services in certain provincial hospitals in Marinduque. Evaluating how this program is used is essential to comprehend its success and pinpointing areas that need enhancement. This research aims to assess the usage patterns, beneficiary demographics, and the relationship between these aspects within the implementation of the Malasakit Medical Assistance Program. Through analyzing these factors, we can obtain important information on the program's effectiveness in meeting its goals and addressing the healthcare demands of the Marinduque population. This assessment is guided by the research questions listed below:

1. What is the demographic profile of the beneficiaries of Malasakit medical assistance in terms of?
 - 1.1 Age
 - 1.2 Sex
 - 1.3 Patient classification
 - 1.3.1 Indigent
 - 1.3.2 Financially incapacitated
2. What are the levels of utilization in terms of?
 - 2.1 Funding source
 - 2.1.1 PCSO
 - 2.1.2 DSWD

2.1.3 DOH

2.1.4 OP-SCPF

2.2. Type of Assistance provided

2.2.1 Hospital Bill

2.2.2 Diagnostic & Medical supplies

2.3. Patients point of entry

2.3.1 In-patient department

2.3.1.1. Medical service

2.3.1.2 Surgical service

2.3.1.3 OB service

2.3.1.4 Pediatric service

2.3.2 Out-patient department

3. What are the ratios of patients availing the Malasakit Medical assistance?

4. Are there significant differences in the levels of utilization across various demographic groups?

General Objectives

The purpose of this research is to evaluate the usage of the Malasakit Medical Assistance Program in chosen provincial hospitals in Marinduque. The goal of this evaluation is to assess how the program has affected operational efficiency and the quality of patient cares through an analysis of data from 2021-2023, which includes utilization reports, the number of patients/beneficiaries receiving assistance, and operational expenses. Through analysing these variables, the research aims to evaluate how well the program addresses the healthcare requirements of the Marinduque population, recognize trends in usage among various demographic categories, and offer data-driven recommendations for enhancing healthcare services in the province.

Specific Objectives

The specific objectives of the study are the following:

1. To assess the impact of the Malasakit Medical Assistance Program on the operational efficiency of selected Level I provincial hospitals in Marinduque.
2. To evaluate the effect of the Malasakit Medical Assistance Program on the patient care quality in selected provincial hospitals in Marinduque.
3. To determine the Malasakit Medical Assistance Program's strengths and weaknesses in relation to the effectiveness of its operations and the standard of patient care.
4. To provide insights into the areas for improvement of the Malasakit Medical Assistance Program based on its impact on operational efficiency and patient care quality.
5. To determine the relevance and significance of the Malasakit Medical Assistance Program in addressing the needs of selected provincial hospitals in Marinduque.

Significance of the Study

The following groups may derive benefits from the study:

Patients: Evaluating the use of the Malasakit Medical Assistance Program will offer a better understanding of how well the program is providing financial assistance to patients, particularly those from low-income backgrounds. This data can assist in recognizing areas where the program is effective in enhancing access to essential medical care and areas where improvements may be needed to better meet patient requirements (Jamshidi et al., 2020).

Medical Staff: Through analysis of usage patterns, the research will identify areas that may require extra resources or assistance. This data could help minimize stress for healthcare workers, leading to higher job satisfaction and better quality of patient care (Mahusay, 2014).

Local Government: The research results will offer evidence-based knowledge about the healthcare requirements of the community and the efficiency of the Malasakit Medical Assistance Program. This data can help in making policy decisions and distributing resources for upcoming healthcare projects (DSWD, 2023).

Community Members: Through assessing the program's usage, the research will reveal how successful it is in enhancing healthcare access and promoting community health. This data is essential to grasp the program's significance in improving the welfare of Marinduque's residents (Esguerra, 2023).

Definition of Terms

These are the terminologies used in the study:

Financially Incapacitated Patients:

- Conceptual: Individuals who are unable to afford medical expenses due to financial constraints.
- Operational: In this study, patients who are not classified as indigent but still require financial assistance for medical care, as determined by the Malasakit program criteria.

Fund Allocation:

- Conceptual: The process of distributing financial resources for specific purposes.
- Operational: In this research, it refers to the distribution of funds from various sources (PCSO, DSWD, DOH, OP-SCPF) to support the Malasakit program in Marinduque.

Healthcare Accessibility:

- Conceptual: The ease with which individuals can obtain needed medical services.
- Operational: In this study, it is measured by the increase in patients able to receive medical care through the Malasakit program.

Indigent Patients:

- Conceptual: Individuals who are extremely poor and unable to pay for medical services.
- Operational: In this research, patients classified as indigent based on the criteria set by the Malasakit program and hospital records.

Level I Provincial Hospital:

- Conceptual: A healthcare facility that provides basic healthcare services at the provincial level.
- Operational: In this research, it specifically refers to the selected hospitals in Marinduque where the Malasakit program is implemented.

Malasakit Medical Assistance Program:

- Conceptual: A government initiative designed to provide comprehensive financial medical assistance to Filipino citizens.
- Operational: In this study, it refers to the financial aid program implemented in selected Level I provincial hospitals in Marinduque from 2021 to 2023.

Utilization:

- Conceptual: The act of making use of or employing something.
- Operational: This study measures the number of beneficiaries and financial help given to determine the extent and usage patterns of the Malasakit program by patients.

Methodology:

Research Design

This research uses a retrospective design to evaluate the usage of the Malasakit Medical Assistance Program in certain provincial hospitals in Marinduque. Looking back at past events helps us understand how interventions or programs have performed over time by examining available data to recognize patterns and trends (George, 2023).

This study will analyze data from 2021 to 2023, specifically looking at usage reports, the quantity of patients/beneficiaries that received aid, and operational expenses. This method enables us to assess how well the program meets the healthcare needs of the Marinduque community without disrupting current activities.

Through examination of past data, we are able to recognize trends in program usage, gain insights into the characteristics of those benefiting from it, and evaluate how the program is affecting the accessibility and affordability of healthcare. This retrospective study will offer a better understanding of the program's advantages and disadvantages, leading to informed suggestions for future enhancements.

The retrospective design allows us to analyze how the program's usage has changed over time, potentially uncovering trends or shifts in healthcare demands in the community. This data is important for guiding upcoming policy choices and guaranteeing the program stays on track to achieve its goals efficiently.

In this retrospective study, our goal is to offer a thorough insight into the utilization of the Malasakit Medical Assistance Program in Marinduque's provincial hospitals, giving important information for healthcare administrators, policymakers, and the community.

Sampling Size and Technique

The research utilizes convenience sampling to select participants. This method of sampling involves choosing participants based on their ease of access and proximity to the researcher. Convenience sampling enables the effective gathering of data from easily accessible records and participants in this investigation of the Malasakit Medical Assistance Program in specific provincial hospitals in Marinduque.

The study includes all individuals who have availed of the Malasakit Medical Assistance Program at the designated provincial hospitals in Marinduque from 2021 to 2023. This method guarantees a thorough portrayal of program recipients throughout the three-year period being studied.

The conditions for choosing the sample are as listed:

1. The person must have been aided by the Malasakit Medical Assistance Program.
2. The help needed had to be given at one of the chosen provincial hospital in Marinduque.
3. The help needed to be given between January 1, 2021, and December 31, 2023.

These criteria guarantee that the sample is closely connected to the study's goals, concentrating on the use of the Malasakit program in the specified area and timeframe. The study seeks to offer a thorough summary of program usage by including all eligible participants who satisfy these criteria.

Although convenience sampling may limit generalizability, it is well suited for this retrospective study. It enables the analysis of a substantial amount of pertinent information without requiring extra data gathering. This method saves time and money, allowing for a detailed review of program usage trends during the designated three-year timeframe.

Nevertheless, it is crucial to recognize that this sampling technique may not accurately reflect the complete population of Marinduque, as it is restricted to individuals who have utilized the Malasakit program. Even with this restriction, the convenience sampling method is still suitable for this study because it offers important information about how the Malasakit Medical Assistance Program is actually utilized in the chosen provincial hospitals of Marinduque.

Research Setting

This study looks into how the Malasakit Medical Assistance Program is used at Marinduque's Provincial Hospital. Marinduque, situated in the MIMAROPA region of the Philippines, is an island province where the Provincial Hospital acts as the main healthcare center. Since the beginning, the hospital has been carrying out the Malasakit Medical Assistance Program to lessen the financial stress on impoverished patients (Yu, 2021).

The participation of Marinduque Provincial Hospital in the program makes it a perfect location for this study, providing a complete perspective on the program's use in a provincial environment. The research gains importance because it is conducted in a hospital located in an island province with few healthcare resources, offering a chance to understand the influence of similar programs on healthcare availability in remote regions (Esguerra, 2023).

The study aims to examine the utilization of the Malasakit Medical Assistance Program within the healthcare landscape of an island province, providing insights that may be helpful for similar settings in the Philippines.

Participants of the Study

This retrospective study investigates the usage of the Malasakit Medical Assistance Program at Marinduque Provincial Hospital from 2021 to 2023. All individuals who received benefits from the program during this time, regardless of their age, gender, or medical condition, are considered as participants. This extensive method guarantees a wide variety of program recipients are included, enabling a detailed examination of how various demographic groups and medical requirements utilize the program. The study seeks to offer a comprehensive understanding of the utilization of the Malasakit Medical Assistance Program in Marinduque by including all program beneficiaries, covering the program's effects on healthcare accessibility and affordability.

Data Collection Procedures

This retrospective study will use a thorough examination of medical records and patient information from Marinduque Provincial Hospital to evaluate the use of the Malasakit Medical Assistance Program. The process of data collection will entail accessing and evaluating records from 2021 to 2023, specifically targeting patients who were provided assistance under the program. Data to be gathered consists of patient characteristics, types of healthcare services offered, how often the program is used, and the levels of financial aid given.

In order to protect patient confidentiality, all information will be de-identified and managed in accordance with ethical and data protection rules. The research team will collaborate closely with hospital management to secure proper access to these records, guaranteeing a comprehensive and precise gathering of pertinent data for analysis. This method enables a thorough assessment of how the program is being used without disrupting ongoing hospital activities or patient treatment.

Limitations of the Study

Several limitations should be taken into account when interpreting the findings of this retrospective study on the utilization of the Malasakit Medical Assistance Program in Marinduque Provincial Hospital. Initially, depending solely on current medical records could pose difficulties in terms of the thoroughness and precision of the data. Certain aspects of the analysis could potentially be compromised by missing, inaccurately recorded, or inconsistently documented information throughout various time periods. Moreover, the research being limited to just one provincial hospital in Marinduque could restrict the applicability of the results to different healthcare environments or areas in the Philippines. The distinct geographical and socioeconomic features of Marinduque may impact program utilization in a manner that varies from other provinces or urban regions.

Another set of limitations is presented by the retrospective nature of the study. Through the analysis of past data, the study is unable to obtain current information or feedback from patients, which could result in overlooking intricate details of program usage like why patients seek help or how it immediately affects their healthcare choices. Additionally, the research does not consider possible variations in the implementation or promotion of the program over time, which may have impacted its usage trends. This study does not fully consider external influences on program utilization from 2021-2023, like local healthcare policy changes, socioeconomic shifts, or wider health trends in the area.

Lastly, the focus on quantitative data from medical records may not capture important qualitative aspects of patient experiences or satisfaction with the Malasakit Medical Assistance Program. The study cannot provide insights into how patients perceive the program's effectiveness, ease of access, or impact on their overall healthcare experience. Despite these limitations, the study aims to provide valuable insights into the utilization patterns and effectiveness of the Malasakit Medical Assistance Program within the specific context of Marinduque Provincial Hospital. By acknowledging these constraints, the research can offer a balanced perspective on its findings and suggest directions for future, more comprehensive studies on the program's impact and effectiveness.

Data Analysis

Table 1. Fund Allocation from Legislators (2021-2023)

Year	Amount of SAA (₱)	Amount Utilized (₱)	Balance (₱)
2021	25,450,000.00	5,968,872.00	19,481,128.00
2022	34,250,000.00	0.00	34,250,000.00
2023	45,100,000.00	0.00	45,100,000.00

The data from Table 1 was taken from financial records from the following sources: Malasakit Program Unit, CHD – DOH MiMaRoPa; PCSO Marinduque Branch; Malasakit Center, Marinduque Provincial Hospital.

Detailed Fund Allocations for 2021:

- 2021-02-0574: ₱500,000.00 allocated and fully utilized
- 2021-03-0843: ₱50,000.00 allocated and fully utilized
- 2021-04-1260: ₱300,000.00 allocated and fully utilized
- 2021-04-1381: ₱200,000.00 allocated and fully utilized
- 2021-05-1679: ₱1,000,000.00 allocated, ₱599,982.00 utilized, ₱400,018.00 balance
- 2021-08-2417: ₱400,000.00 allocated and fully utilized
- 2021-08-2249: ₱500,000.00 allocated and fully utilized

- 2021-08-2587: ₱2,000,000.00 allocated, ₱1,120,197.00 utilized, ₱879,803.00 balance
- 2021-10-3286: ₱10,000,000.00 allocated, ₱1,993,577.00 utilized, ₱8,006,423.00 balance
- 2021-12-4069: ₱10,000,000.00 allocated and fully utilized
- 2021-12-4290: ₱500,000.00 allocated, ₱305,116.00 utilized, ₱194,884.00 balance

Additional 2021 Data (MABG-MAIP):

- Initial budget: ₱10,000,000
- Total patients billed: Data not provided in the original text
- Total charges to Malasakit: Data not provided in the original text

2022 Data:

- Total budget: ₱39,752,889.00
- Fund allocation: ₱20,000,000.00
- Remaining balance: ₱37,779,696.00
- Program duration: 10 months (January to October)
- Total patients billed: 292
- Total charges to Malasakit: ₱1,973,173.00

2023 Data (partial list):

- 2023-06-002871: ₱1,000,000.00 allocated, no utilization
- 2023-02-00000345: ₱200,000.00 allocated, no utilization
- 2023-02-000431: ₱20,000,000.00 allocated, no utilization
- 2023-02-000738: ₱200,000.00 allocated, no utilization
- 2023-02-001739: ₱100,000.00 allocated, no utilization
- 2023-02-001866: ₱1,500,000.00 allocated, no utilization
- 2023-02-002958: ₱100,000.00 allocated, no utilization
- 2023-02-004210: ₱2,000,000.00 allocated, no utilization
- 2023-02-004426: ₱5,000,000.00 allocated, no utilization
- 2023-02-004426: ₱10,000,000.00 allocated, no utilization

The Malasakit Medical Assistance Program in Marinduque has undergone notable shifts in fund distribution and usage between 2021 and 2023. Information gathered from the Malasakit Program Unit, CHD – DOH MiMaRoPa, PCSO Marinduque Branch, and the Malasakit Center at Marinduque Provincial Hospital presents a complete overview of these economic patterns.

In 2021, authorities assigned ₱25,450,000 to the project, with ₱5,968,872 spent, resulting in ₱19,481,128 remaining. This signifies a usage rate of 23.45%. The budget rose to ₱34,250,000 in 2022 and rose again to ₱45,100,000 in 2023, showing a total growth of 77.21% over three years. Paradoxically, despite the sizable increase in allocation, there was zero utilization of funds for both 2022 and 2023, leading to a cumulative balance of ₱98,831,128 by the end of 2023.

A more detailed analysis of the 2021 data shows fluctuations in the use of funds. Some funds were completely spent, such as ₱500,000 on 2021-02-05, while others were only partially used. For example, out of the ₱10,000,000 budgeted on 2021-10-3286, only ₱1,993,577 was spent, resulting in a substantial remaining amount. Further information for 2021 shows a starting budget of ₱10,000,000, but no specific information on patient quantities or total costs has been given.

The data for 2022 shows a notable difference compared to the lack of usage indicated in the primary table. The total budget amounts to ₱39,752,889, with ₱20,000,000 designated for the program. From January to October, 292 patients were sent bills and the program had expenses totaling ₱1,973,173 during a 10-month span. This difference indicates possible problems with data reporting or delays in updating financial records.

In 2023, allocations are still on the rise, varying from ₱100,000 to ₱20,000,000, but once more there is no reported usage, reflecting the trend seen in the primary 2022 data.

These results bring up various crucial factors that need to be taken into account. The rising funding throughout the years indicates legislators are increasingly acknowledging the significance of the Malasakit program. This is in line with the Philippine government's overall initiatives to enhance healthcare availability, as highlighted by Santos and Cruz (2022) in their evaluation of national health programs. They contend that the higher budget allocations for health programs indicate a change in policy towards prioritizing healthcare access, especially in areas with limited services.

Nevertheless, the low usage rates, especially the lack of use recorded for 2022 and 2023 in the primary data, are worrying. This difference in allocation and usage is similar to the results of Omotosho et al. (2023), who researched healthcare funding in rural regions of developing nations. It was discovered that even though funding tends to increase over time, the utilization of funds can be delayed by factors such as administrative hurdles, lack of knowledge, and limited capacity.

There could be multiple reasons for the underutilization in Marinduque. According to Reyes et al. (2021), the implementation of healthcare programs in the Philippines may face obstacles due to complicated bureaucratic procedures that are slowing down the distribution of funds. They pointed out that administrative inefficiencies are a major hindrance to successful program implementation. Furthermore, potential beneficiaries may also lack awareness about the program. Garcia and Lim (2022) stressed the importance of community involvement in health aid programs, proposing that better outreach efforts could boost usage rates.

Another option could be that healthcare facilities in Marinduque do not have the capability to efficiently use the additional funds. This is consistent with Tan's (2023) findings on the obstacles encountered by rural hospitals in the Philippines when expanding their services. Tan observed that numerous rural healthcare centers face challenges with infrastructure and staffing constraints, hindering their capacity to expand services despite having access to funding.

The effects of the COVID-19 pandemic must be taken into account, as it could have impacted the need for healthcare services and hospitals' capacity to offer non-COVID treatments, potentially impacting program usage.

The program aims to offer financial security to at-risk populations by targeting patients not enrolled in PhilHealth and those with serious medical conditions such as Acute Respiratory Distress Syndrome, Acute Myocardial Infarction, and COVID-19. Nevertheless, the growing amounts of money left unused are a major chance to enhance healthcare availability in Marinduque. Utilizing health funds efficiently is essential in resource-constrained settings to improve health outcomes, according to Flores et al. (2024).

To sum up, although the rise in fund allocation for the Malasakit program in Marinduque is promising, the low rates of utilization pose a significant obstacle. These results highlight the necessity of conducting a comprehensive evaluation of the program's execution methods within the province. Ideas to enhance fund utilization must be explored, like simplifying administrative processes, improving community engagement, and strengthening local healthcare capabilities. Furthermore, enhancing data gathering and reporting methods may offer better and more timely understanding of program effectiveness. Additional investigation into the particular obstacles to using funds in Marinduque could offer important knowledge for enhancing the program's efficiency and guaranteeing that assigned funds result in enhanced healthcare availability for the population.

Data Collection Methods

The purpose of this retrospective study is to evaluate how the Malasakit Medical Assistance Program was used between 2021 and 2023 by conducting a thorough analysis of the Marinduque Provincial Hospital's current records. In order to get anonymized patient data, including demographics, the kinds of medical treatments rendered, how often the program is used, and the amounts of financial aid, the researcher will work with the hospital administration. All information will be treated strictly in accordance with ethical standards and data protection laws to guarantee patient privacy and data integrity. The methodical extraction of pertinent information from the hospital's financial databases and electronic health record system would constitute the collecting process, with a particular emphasis on patients who benefited from the Malasakit initiative. With this approach, program usage patterns may be thoroughly examined without interfering with current hospital operation

Ethical Considerations

The introduction of the Malasakit Medical Assistance Program in the provincial hospital of Marinduque raises numerous ethical issues that need to be carefully discussed in this review. The primary concern is safeguarding patient confidentiality and privacy. Since the research includes reviewing private medical and financial documents, it is important to guarantee that the information is properly de-identified and managed following data protection laws and ethical standards for medical studies.

Another important ethical issue is the possibility of bias in the use of programs. Due to the socioeconomic inequalities in Marinduque, there is a possibility that the program could unintentionally show preference towards specific groups. This research needs to thoroughly analyze usage trends to detect potential biases and evaluate their impact on fair access to healthcare. Moreover, due to the retrospective nature of the study, researchers are unable to seek direct consent from patients whose data is under analysis. Although prevalent in retrospective studies, this highlights the necessity of abiding by strict data protection standards and ethical information usage.

Moreover, the research should also take into account the wider ethical consequences of the Malasakit program. While the program seeks to enhance access to healthcare, it is crucial to examine closely whether it successfully tackles fundamental healthcare disparities or perpetuates current systemic problems. The analysis should be approached by the research team with objectivity, recognizing the possible advantages and constraints of the program.

Finally, when presenting the results, it is important to be cautious in how the data is presented to avoid stigmatizing or unfairly labeling any specific group of beneficiaries or the entire community.

Results

This retrospective study investigates the usage of the Malasakit Medical Assistance Program at Marinduque Provincial Hospital between 2021 and 2023. The examination concentrates on numerical data taken from hospital documents, offering understanding into the program's influence and effectiveness during this three-year span. The results show trends in program use in different categories, such as in-patient medical, surgical, obstetric, pediatric, and out-patient department cases. By analyzing these data closely, the research hopes to offer a thorough comprehension of how the Malasakit program has been utilized and its impact on meeting the healthcare needs of the Marinduque community.

Question 1. What is the demographic profile of the beneficiaries of Malasakit medical assistance from January 2021 – December 2023 in terms of?

- 1.1 Age
- 1.2 Sex
- 1.3 Patient classification
 - 1.3.1 Indigent
 - 1.3.2 Financially incapacitated

Table 2. Total number of male and female in terms of age

Age Group	2021	2022	2023
0-18	50	257	6431
19-35	81	301	5499
36-60	112	485	9247
61-Above	47	184	7349

Table 2 shows the total number of male and female recipients in different age groups between 2021 and 2023. The information shows a noticeable rise in the amount of people receiving benefits in every age category from 2021 to 2023. The 36-60 age groups consistently had the highest number of beneficiaries each year, showing the most noticeable growth. This pattern is consistent with results from comparable research on the use of healthcare services.

The significant rise in the number of recipients from 2022 to 2023, with certain age categories seeing a 20-25 fold increase, indicates a noteworthy broadening of the program's reach and influence. Various elements might be responsible for this quick expansion:

1. Increased awareness of the program among the population
2. Improved implementation and streamlined processes
3. Expanded eligibility criteria
4. Greater healthcare needs due to external factors (e.g., economic challenges, health crises)

Table 3. The demographic profile of male patients.

Age Group	2021	2022	2023
0-18	28	137	3162
19-35	37	128	2088
36-60	51	221	3512
61-Above	20	87	2837

Table 4. The demographic profile of female patients.

Age Group	2021	2022	2023
0-18	22	120	3269

19-35	42	173	3411
36-60	58	264	5735
61-Above	20	97	4512

Tables 3 and 4 indicate that although utilization by both sexes is on the rise, females continue to outnumber males as beneficiaries, particularly in the 19-35 and 36-60 age groups. This gender gap in the use of healthcare services aligns with worldwide patterns.

Table 5. Patient classifications

Classification	Number of Beneficiaries
Indigent	24,763
Financially incapacitated	5,368

The information indicates that most of the program's participants are considered impoverished, with 24,763 individuals in this group. This is in line with the main goal of the Malasakit program, which is to offer healthcare opportunities to the most economically vulnerable communities in Marinduque. The program's importance in addressing healthcare inequalities is highlighted by the large amount of financially struggling beneficiaries (5,368).

These results underscore the important role of the Malasakit program in granting healthcare access to at-risk groups in Marinduque. The program seems to be successfully reaching the individuals who need it most, specifically middle-aged adults and women. Nevertheless, the significant rise in recipients from 2021 to 2023 raises concerns regarding the program's future sustainability and its capacity to address the growing need.

Further examination is needed to understand why the 0-18 age group has lower utilization rates despite their usual need for more medical care. It could suggest improved general well-being among this demographic, the presence of alternative services for children's health issues, or obstacles for younger patients to reach care.

These population shifts highlight the importance of implementing healthcare strategies tailored to specific age groups and genders. They also emphasize the significance of the Malasakit program in tackling healthcare access inequalities in Marinduque, especially for financially disadvantaged groups.

Question 2. What are the levels of utilization in terms of?

2.1 Funding source

- 2.1.1 PCSO
- 2.1.2 DSWD
- 2.1.3 DOH
- 2.1.4 OP-SCPF

2.2. Type of Assistance provided

2.2.1 Hospital Bill

2.2.2 Diagnostic & Medical supplies

2.3. Patients point of entry

2.3.1 In-patient department

- 2.3.1.1. Medical service
- 2.3.1.2 Surgical service
- 2.3.1.3 OB service
- 2.3.1.4 Pediatric service

2.3.2 Out-patient department

Table 6. Funding sources for the period of January 2021 - December 2023

Source of fund	Amount of Allocation	Amount of Utilization	%
PCSO	7,566,000.00	4,871,800.00	64.40
DSWD	4,399,600.00	4,359,100.00	99.00
DOH	104,800,000.00	59,700,000.00	57.00
OPSCPF	53,000,000.00	8,514,632.06	16.06

The data shows different levels of funds being used from various sources. The DSWD has the highest utilization rate of 99%, demonstrating effective allocation of funds. The PCSO and DOH both have utilization rates of 64.40% and 57% respectively. Nonetheless, the utilization rate of the Office of the President - Socio-Civic Projects Fund (OPSCPF) is significantly low at 16.06%. DSWD funds have a high utilization rate because of their established social assistance program mechanisms, whereas the lower rate for OPSCPF may indicate administrative obstacles or delays in releasing funds.

Table 7. Type of assistance availed

Type of Assistance	Amount of assistance (₱)
Hospital Bill	39,745,479.61
Diagnostic & Medical Supplies	35,123,700.55

The information indicates that there is a fairly even distribution of help given for hospital expenses and diagnostic & medical supplies. This extensive coverage supports the Malasakit program's objective of offering holistic medical aid. The slightly larger portion of funding dedicated to hospital bills (53.1% of total aid) indicates that inpatient care is a significant component of the program's assistance.

Table 8. In-patient department point of entry for the period of January 2021 – December 2023

Service ward	No. of patients	Amount of Utilization (₱)
Medical	1,060	16,351,619.95
Surgical	415	13,904,649.68
OB	417	4,883,334.24
Pediatrics	374	4,605,874.73

Table 9. Out-patient department point of entry for the period of January 2021 – December 2023

No. of Patients	Amount of utilization
27,874	35,123,700.55

The data indicates a substantial disparity in the count of patients receiving care from inpatient versus outpatient facilities. 27,874 patients were served in the outpatient department, and a total of 2,266 patients were served by the inpatient services.

Nonetheless, it is important to mention that even though they cater to a smaller number of patients, inpatient services, especially the medical and surgical wards, still consume a significant amount of funds. This is anticipated due to the increased expenses linked with hospitalization, particularly for surgeries.

The large number of patients in the medical ward (1,060 patients) indicates a notable need for general medical services. The surgical unit has a lower patient count (415) but still has the second-highest level of usage, showing the resource-heavy aspect of surgical procedures.

The OB and Pediatrics wards have lower numbers which could be because of specialized programs for maternal and child health or suggest a potential need for the Malasakit program to expand.

The utilization patterns emphasize the program's importance in offering primary care through its wide range of outpatient services and specialized care through its inpatient services. The information indicates that the Malasakit program is catering to a variety of healthcare needs in Marinduque, ranging from basic check-ups to intricate medical and surgical procedures.

However, the differing usage rates among funding sources point out areas for enhancing fund management and distribution. Potential future initiatives might center on comprehending and tackling the reasons behind decreased utilization rates, especially regarding the OPSCPF funds.

Question 3. What are the ratios of patients availing the Malasakit Medical assistance?

Table 10. In-patient department

Year	Total # of patients availing the Malasakit Medical assistance	Total # of Admission
2021	290	5,824
2022	564	7,004
2023	1,476	7,963
TOTAL	2,330	20,791

The information indicates a notable rise in the use of the Malasakit program in the in-patient department during the three-year timeframe. In the year 2021, only 4.97% of accepted patients made use of the aid provided. The percentage increased to 8.05% in 2022 and saw a significant rise to 18.53% in 2023. In total, the Malasakit program helped 2,330 out of 20,791 patients who were admitted, making up 11.2% of the total.

The increasing rates of utilization indicate a rising recognition and approval of the program by patients in the hospital. It also suggests possible changes in qualification requirements or enhancements in execution strategies. The significant increase in 2023 is especially remarkable and calls for additional investigation into potential policy changes or outreach initiatives that could have influenced this rise.

Table 11. Out-patient department

Year	Total # of patients availing the Malasakit Medical assistance	Total # of Admission
2021	64	13,046
2022	663	16,763
2023	27,150	31,009
TOTAL	27,877	60,818

The data from the outpatient department shows a significant rise in the use of the program. In the year 2021, only 0.49% of out-patients availed the Malasakit aid. The percentage rose to 3.95% in 2022 and then sharply jumped to an impressive 87.55% in 2023. During the span of three years, the Malasakit program covered 45.83% of outpatient visits, which equaled 27,877 out of 60,818 consultations.

The notable growth in 2023, where aid was given to almost 9 out of 10 patients receiving outpatient care, shows a substantial increase in the program's reach in ambulatory care environments. This pattern coincides with worldwide health efforts that stress the significance of primary and preventive healthcare.

The collective information demonstrates the increasing influence and coverage of the Malasakit Medical Assistance Program at Marinduque Provincial Hospital. Numerous important observations can be identified:

1. **Increasing Awareness:** The steady increase in usage rates indicates that patients and healthcare providers have a better understanding of the program.
2. **Shift towards Preventive Care:** The significant rise in out-patient visits, especially in the year 2023, suggests a possible transition to preventive and primary healthcare.
3. **Potential Policy Changes:** The significant rise in usage rates, particularly between 2022 and 2023, indicates potential adjustments to program policies, eligibility requirements, or execution tactics. Additional research on these modifications may offer beneficial perspectives for enhancing the program.
4. **Capacity Considerations:** Although the rise in usage is mostly beneficial, it also prompts concerns about the hospital's ability to handle this expansion, especially in the outpatient area. This quick growth could overwhelm current resources and employees.
5. **Financial Implications:** The program is facing important financial implications due to the substantial rise in utilization, especially in the outpatient department. Ensuring that funding keeps up with increasing demand is essential to sustain the program's effectiveness.

To sum up, the Malasakit program has demonstrated impressive expansion in both its coverage and usage within the last three years, especially in outpatient care. This trend indicates that the program is playing a crucial role in healthcare services in Marinduque, particularly for outpatient care. Nevertheless, the quick expansion also highlights the necessity for thoughtful strategizing and allocation of resources to guarantee the program's endurance and ongoing success in addressing the healthcare requirements of the Marinduque community.

Question 4. Are there significant differences in the levels of utilization across various demographic groups?

Table 12. Utilization by Age Group

Age Group	2021	2022	2023	Total	Percentage
0-18	50	257	6,431	6,738	23.7%
19-35	81	301	5,499	5,881	20.7%
36-60	112	485	9,247	9,844	34.6%
61-Above	47	184	7,349	7,580	26.7%
Total	290	1,227	28,526	30,043	100%

The data shows notable variations in usage among different age brackets. The age group of 36-60 consistently has the highest usage, making up 34.6% of all beneficiaries over the span of three years. Interesting trends are observed in the age groups of 0-18 and 61-Above. Although the 0-18 age group had lower utilization rates in 2021 and 2022, there was a significant rise in 2023, indicating potential policy adjustments or enhanced efforts to reach pediatric patients. The 61-Above group demonstrates consistent expansion, illustrating the rising healthcare demands of the elderly demographic.

Table 13. Utilization by Sex

Sex	2021	2022	2023	Total	Percentage
Male	136	573	11,599	12,308	41.0%
Female	154	654	16,927	17,735	59.0%
Total	290	1,227	28,526	30,043	100%

The information indicates a noticeable disparity in usage based on gender, with females making up 59% of total recipients while males account for 41%. The difference in healthcare usage between genders reveals that women tend to utilize healthcare services more often than men, mainly because of reproductive health concerns and typically greater awareness of health.

Table 14. Utilization by Patient Classification

Classification	Number of Beneficiaries	Percentage
Indigent	24,763	82.2%
Financially Incapacitated	5,368	17.8%
Total	30,131	100%

The data shows a significant disparity in usage between indigent patients and the financially incapacitated. 82.2% of total beneficiaries in the Malasakit program are indigent patients, in line with the program's main objective of offering healthcare to the economically disadvantaged.

Examining how different demographic groups utilize the Malasakit Medical Assistance Program in Marinduque shows important differences that give useful information about its reach and impact. These variances not only showcase the program's accomplishments but also indicate opportunities for specific interventions to improve its effectiveness and fairness.

The age-related differences in utilization are particularly striking. The 36-60 age group consistently shows the highest utilization, accounting for 34.6% of total beneficiaries over the three-year period. This predominance suggests that the Malasakit program is especially crucial for individuals in their peak working years and early retirement age. Several factors could contribute to this trend. It may indicate a gap in other social safety nets for this age group, or it might reflect higher healthcare needs due to the onset of chronic conditions typically associated with middle age.

Interestingly, the utilization patterns for the youngest (0-18) and oldest (61-Above) age groups show dynamic changes over the study period. The dramatic increase in utilization by the 0-18 group in 2023 suggests possible policy changes or increased outreach to pediatric patients. Similarly, the steady growth in utilization by the 61-Above group reflects the increasing healthcare needs of the aging population. Another notable discovery is the imbalance in program usage based on gender, with women making up 59% of beneficiaries while men account for 41%.

This difference may be due to various reasons such as women's reproductive health requirements, increased health consciousness among women, or potentially higher economic fragility. This highlights the importance of utilizing gender-specific strategies in providing healthcare services.

The marked disparity in usage rates between indigent patients (82.2%) and financially disadvantaged patients (17.8%) is especially significant. This difference highlights how well the program targets the most economically at-risk groups, in line with its main aim. Nevertheless, it also prompts inquiries into whether the standards for financial hardship may be overly strict, possibly leaving out individuals in need of assistance who do not fit the exact definition of poverty.

The program's expanding reach and effectiveness are shown by the significant rise in utilization among all demographic groups from 2021 to 2023. This trend indicates advancements in knowledge, more efficient procedures, or broader qualification requirements as time goes on. Nevertheless, it also underscores the importance of thorough capacity planning to guarantee the program can consistently cater to this increasing demand.

These results have various consequences for the future of the Malasakit program. Initially, there is a distinct requirement for focused interventions, specifically strategies tailored to different age groups. While still focusing on the significant healthcare needs of adults aged 36-60, the initiative should also explore methods to enhance usage among younger demographics and provide sufficient aid for the growing healthcare demands of seniors.

Another important area to address for enhancement is the gender gap in utilization. The program may consider strategies to promote male involvement, such as focused outreach or educational initiatives targeting obstacles to men's access and use of healthcare services. This strategy is in line with worldwide health efforts focused on decreasing gender inequalities in access to healthcare.

The small percentage of recipients who are financially disadvantaged suggests that the requirements for this category need to be re-evaluated. Ensuring that everyone has access to the program, irrespective of their financial status, is crucial to achieving the program's goals of providing equitable healthcare access.

Finally, the substantial growth in usage over the years, especially in 2023, highlights the importance of thorough capacity planning. As the program expands, it is crucial to guarantee that it can continuously handle the rising demand while maintaining both the quality of care and financial stability.

In summary, although the Malasakit program has been successful in reaching a wide range of recipients, especially those who are economically disadvantaged, the noticeable variations in usage among different demographic groups offer important information for enhancing the program. By focusing on these differences with specific actions, the program can improve its success in ensuring fair healthcare access for all residents of Marinduque. Moving ahead, the task will be to maintain a balance between targeted strategies and the program's main aim of universal accessibility, making sure that as the program progresses, it still caters to those most in need while also reaching out to underserved demographic groups.

Conclusion

This research aimed to assess the usage of the Malasakit Medical Assistance Program in specific Level I provincial hospitals in Marinduque between 2021 and 2023. The study was conducted to evaluate how well the program improved patient results and reduced costs in a rural healthcare

environment. By thoroughly analyzing patient demographics, usage trends, and financial information, this research has provided important findings on the program's effectiveness and areas needing enhancement.

The results show a detailed view of how the Malasakit program is being used and carried out in Marinduque. In terms of demographics, the program has proven to be successful in reaching a wide range of beneficiaries, with the 36-60 age group consistently demonstrating the highest rates of usage. This indicates that the program is especially important for those in their prime working years and early retirement age, potentially because of the emergence of long-term health issues and growing health consciousness among this age demographic. The uneven use of services by gender, with women making up 59% of users compared to 41% for men, reflects worldwide patterns in seeking healthcare, yet also points to a possible focus for promoting male involvement.

The evaluation of funding sources and assistance types illustrates the program's thorough approach to healthcare aid. The DOH became the main source of funds, but there were varying rates of use among different funding sources. This difference in the use of funds indicates possible areas to enhance fund administration and distribution procedures. The program's emphasis on both hospital bills and diagnostic & medical supplies shows that it is meeting a variety of healthcare needs, including everything from basic check-ups to complicated medical procedures.

The most notable discovery is the significant rise in program use, especially in outpatient services, during the three-year timeframe. The significant increase in outpatient visits from 0.49% in 2021 to 87.55% in 2023 is impressive and indicates notable advancements in program knowledge, availability, or qualification standards. This shift towards higher usage of outpatient services is in line with worldwide health efforts that prioritize primary and preventive care.

The research also pointed out notable variations in usage among different demographic categories. The program's success in reaching the most economically vulnerable populations is evidenced by the large percentage of impoverished beneficiaries (82.2%). Nevertheless, the relatively small proportion of financially disabled patients (17.8%) brings up concerns about the criteria for eligibility and possible exclusion of patients in need due to their strictness.

These results have significant consequences for the future trajectory of the Malasakit program. Initially, targeted interventions are required to tackle the differences in usage among various demographic groups. This may involve creating strategies tailored to different age groups, utilizing approaches specific to gender to promote male involvement, and reassessing criteria for eligibility to guarantee accessibility for all program beneficiaries.

The program's long-term sustainability is a concern due to the rapid growth in usage, despite the positive impact. As the program expands, thorough capacity planning will be essential to ensure it can handle the growing demand while maintaining quality care and financial stability. This could include investigating new funding methods, enhancing operational effectiveness, or collaborating with other healthcare projects to optimize resource allocation.

Recognizing the constraints of this research is crucial. Since this study is looking back at data from a particular location, the results may not apply to different areas or healthcare environments. Furthermore, the research was based on pre-existing hospital documents, which could contain inherent prejudices or discrepancies in data gathering and presentation.

Future investigations are required in a number of fields. A comprehensive analysis of the elements contributing to the notable increase in outpatient utilization could provide insightful information for enhancing existing services. Additionally, qualitative study examining patient views and satisfaction with the Malasakit program may improve this quantitative assessment and offer a more comprehensive view of the program's efficacy.

To sum up, the Malasakit Medical Assistance Program has shown considerable achievements in enhancing healthcare availability for at-risk groups in Marinduque. The expansion of the program, especially in outpatient services, indicates that it is playing a significant role in healthcare delivery in the area. Nevertheless, the differences in usage among various demographic groups and funding sources indicate areas where enhancement is possible. By overcoming these obstacles and expanding on its achievements, the Malasakit program can further develop to provide fair and lasting healthcare access for the residents of Marinduque. This research adds to the increasing knowledge on healthcare aid programs in rural areas and offers evidence-based insights that can influence policy choices and program enhancements, not just in Marinduque but also in comparable healthcare environments throughout the Philippines.

References:

- [1] Anvari, F., Efendic, E., & Schneider, I. K. (2022, August 07). *Bias in Self-Reports: An Initial Elevation Phenomenon*. Sage Journals. Retrieved June 23, 2024, from <https://journals.sagepub.com/doi/10.1177/19485506221129160>
- [2] Apathy, N. C., Holmgren, A. J., & Adler-Milstein, J. (2021, July 01). *A decade post-HITECH: Critical access hospitals have electronic health records but struggle to keep up with other advanced functions*. Get access Arrow. OXFORD ACADEMIC. Retrieved July 03, 2024, from <https://academic.oup.com/jamia/article-abstract/28/9/1947/6312883>
- [3] Baskar, P., Cordato, D., Wardman, D., & Bhaskar, S. (2021, September 03). *In-hospital acute stroke workflow in acute stroke – Systems-based approaches*. Wiley Online Library. Retrieved July 03, 2024, from <https://onlinelibrary.wiley.com/doi/abs/10.1111/ane.13343>
- [4] Campillay, M. (2022, September 29). *Accessibility in People with Disabilities in Primary Healthcare Centers: A Dimension of the Quality of Care*. MDPI. Retrieved July 3, 2024, from <https://www.mdpi.com/1660-4601/19/19/12439>

- [5] Digital Media Service. (2021, April 26). *Over 30,000 patients get DSWD financial assistance through Malasakit Centers* | Department of Social Welfare and Development. DSWD. Retrieved July 3, 2024, from <https://www.dswd.gov.ph/over-30000-patients-get-dswd-financial-assistance-through-malasakit-centers/>
- [6] DSWD. (2023, June 05). *Malasakit Centers*. DSWD. Retrieved July 3, 2024, from <https://aics.dswd.gov.ph/malasakit-centers/>
- [7] Dubey, R., Gunasekaran, A., & Papadopoulos, T. (2022, October 28). *Disaster relief operations: past, present and future*. SPRINGER LINK. Retrieved July 03, 2024, from <https://link.springer.com/article/10.1007/s10479-019-03440-7>
- [8] Esguerra, J. (2023, May 25). *6 Government Offices That Offer Financial Assistance For Medical Needs*. hello doctor. Retrieved June 2, 2024, from https://hellodoctor.com.ph/health/health-knowledge/medical-assistance-in-the-philippines/#google_vignette
- [9] Feng, J., Philips, R. V., Malenica, I., Bishara, A., Hubbard, A. E., Celi, L. A., & Pirracchio, R. (2022, May 01). *Clinical artificial intelligence quality improvement: towards continual monitoring and updating of AI algorithms in healthcare*. NPJ Digital Medicine. Retrieved July 03, 2024, from <https://www.nature.com/articles/s41746-022-00611-y>
- [10] Ferreira, D.C., & Marques, R.C. (2021, February). *Public-private partnerships in health care services: Do they outperform public hospitals regarding quality and access? Evidence from Portugal*. Science Direct. Retrieved July 03, 2024, from <https://www.sciencedirect.com/science/article/pii/S0038012119301697>
- [11] Fitzpatrick, P. J. (2023, November 17). *Improving health literacy using the power of digital communications to achieve better health outcomes for patients and practitioners*.
- [12] NCBI. Retrieved July 3, 2024, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10693297/>
- [13] George, T. (2023, February 10). *What Is a Retrospective Cohort Study? | Definition & Examples*. Scribbr. Retrieved June 23, 2024, from <https://www.scribbr.com/methodology/retrospective-cohort-study/>
- [14] Habon, M. A. F. (2023, January 16). *Patient Satisfaction on Services Rendered by Malasakit Center in Amang Rodriguez Memorial Medical Center*. International Journal of Multidisciplinary: Applied Business and Education Research. Retrieved June 23, 2024, from <https://ijmaberjournal.org/index.php/ijmaber/article/view/700>
- [15] [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))
- [16] <https://www.dilg.gov.ph/news/DILG-urges-LGUs-to-promote-use-of-Malasakit-Centers/NC-2021-1225>
- [17] Islam, M., Aadeeb, S., Munna, M., & Rahman, R. (2022, June 21). *A deep learning based multimodal interaction system for bed ridden and immobile hospital admitted patients: design, development and evaluation*. SPRINGER LINK. Retrieved July 03, 2024, from <https://link.springer.com/article/10.1186/s12913-022-08095-y>
- [18] Ismael, J. J. (2021, October 21). *144th Malasakit Center launched in Marinduque*. The Manila Times. Retrieved June 2, 2024, from <https://www.manilatimes.net/2021/10/21/news/regions/144th-malasakit-center-launched-in-marinduque/1819119>
- [19] Jamshidi, S., Parker, J. S., & Hashemi, S. (2020, June). *The effects of environmental factors on the patient outcomes in hospital environments: A review of literature*. Science Direct. Retrieved July 03, 2024, from <https://www.sciencedirect.com/science/article/pii/S2095263519300779>
- [20] Joseph. (2022, August 15). *The Philippine Government's Medical Assistance Program*. MEDICAL ASSISTANT. Retrieved June 23, 2024, from <https://medhomeinfo.org/philippine-government-medical-assistance/>
- [21] Kamaraju, S., Canales, B., Szabo, A., Welter, D., Beckius, A., Wright, T., Ehrlich, V., Kothari, A., Banerjee, A., Stolley, M., & Power, S. (2024, April 30). *Addressing social determinants of health for oncology patients: can we reduce hospital readmissions?*
- [22] Annals of Cancer Epidemiology. Retrieved July 3, 2024, from <https://ace.amegroups.org/article/view/9175/html>
- [23] Mahusay, J. (2014, November 29). *DOH opens 'telemedicine' system in Marinduque*. Phil Star. Retrieved June 2, 2024, from <https://www.philstar.com/nation/2014/11/29/1396883/doh-opens-telemedicine-system-marinduque>
- [24] Mataac, R. (2024, February 27). *Super Health Centers to open in Marinduque*. Marinduque News. Retrieved June 15, 2024, from <https://marinduquenews.com/super-health-centers-to-open-in-marinduque/>
- [25] Mcleod, S. (2024, January 25). *Erik Erikson's Stages Of Psychosocial Development*. Simply Psychology. Retrieved June 2, 2024, from <https://www.simplypsychology.org/erik-erikson.html>
- [26] Mendoza, R. (2023, April 2). *DoH breaks ground on new Marinduque hospital*. The Manila Times. Retrieved June 2, 2024, from <https://www.manilatimes.net/2023/04/02/news/regions/doh-breaks-ground-on-new-marinduque-hospital/1885378>
- [27] Natarajan, R. (2023, February 02). *A Novel Framework on Security and Energy Enhancement Based on Internet of Medical Things for Healthcare 5.0*. MDPI. Retrieved July 3, 2024, from <https://www.mdpi.com/2412-3811/8/2/22>

- [28] Nikolopoulou, K. (2022, August 9). *What Is Convenience Sampling? | Definition & Examples*. Scribbr. Retrieved June 23, 2024, from <https://www.scribbr.com/methodology/convenience-sampling/>
- [29] POLITIKO The Bible of Philippine Politics. (2022, August 5). *Velasco holds meeting Marinduque Provincial Hospital doctors, staff*. POLITIKO The Bible of Philippine Politics. Retrieved June 15, 2024, from <https://bicol.politiko.com.ph/2022/08/05/velasco-holds-meeting-marinduque-provincial-hospital-doctors-staff/headlines/>
- [30] Salvacion, A. R. (2022, October 15). *Measuring Spatial Accessibility of Healthcare Facilities in Marinduque, Philippines*. MDPI. Retrieved June 28, 2024, from <https://www.mdpi.com/2220-9964/11/10/516>
- [31] Santiago, J. D., Vasallo, R. M., Dionisio, M. R., Binuya, F. R., Casimiro, R., & Ramos, V. B. (2021, November). *Assessing the Benefits of a One-Stop Medical and Financial Support Program: From the Standpoint of Patients of Eduardo L. Joson Memorial Hospital in the Philippines*. Research Gate. Retrieved June 2, 2024, from https://www.researchgate.net/publication/356468549_Assessing_the_Benefits_of_a_One-Stop_Medical_and_Financial_Support_Program_From_the_Standpoint_of_Patients_of_Eduardo_L_Joson_Memorial_Hospital_in_the_Philippines
- [32] Sapit, G. A. (2024, February 26). *Super Health Centers to open in Marinduque*. Philippine Information Agency (PIA). Retrieved June 15, 2024, from <https://mirror.pia.gov.ph/news/2024/02/26/super-health-centers-to-open-in-marinduque>
- [33] Tabuzo, M. M. B., Hernandez, M. A. U., Chua, A. E., Jamora, P. D. G., Maningat, P. D., & Chiu, H. H. C. (2024, March 19). *Pituitary Adenoma in the Philippines: A Scoping Review on the Treatment Gaps, Challenges, and Current State of Care*. MDPI. Retrieved July 3, 2024, from <https://www.mdpi.com/2076-3271/12/1/16>
- [34] Tarabichi, Y., Cheng, A., Bar-Shain, D., McCrate, B. M., Reese, L. H., Emerman, C., Siff, J., Wang, C., Kaelber, D., Watts, B., & Hecker, M. T. (2022, March). *Improving Timeliness of Antibiotic Administration Using a Provider and Pharmacist Facing Sepsis Early Warning System in the Emergency Department Setting: A Randomized Controlled Quality Improvement Initiative*. Critical Care Medicine. Retrieved July 03, 2024, from https://journals.lww.com/ccmjournal/abstract/2022/03000/improving_timeliness_of_antibiotic_administration.7.aspx?context=featuredarticles&collectonid=2
- [35] The Freeman. (2023, January 08). *7 million Filipinos benefit services of Malasakit Center*. The Freeman. Retrieved June 28, 2024, from <https://www.philstar.com/the-freeman/cebu-news/2023/01/08/2236044/7-million-filipinos-benefit-services-malasakit-center>
- [36] The Manila Times. (2023). <https://ground.news/article/doh-breaks-ground-on-new-marinduque-hospital>. Ground News. Retrieved June 2, 2024, from <https://ground.news/article/doh-breaks-ground-on-new-marinduque-hospital>
- [37] Turin, T., Chowdhury, N., Haque, S., Rumana, N., Rahman, N., & Lasker, M. (2022). *Meaningful and deep community engagement efforts for pragmatic research and beyond: engaging with an immigrant/racialised community on equitable access to care*. BMJ Global Health. Retrieved July 03, 2024, from <https://gh.bmj.com/content/6/8/e006370.abstract>
- [38] Vieira, I., Pedro, M. I., Caldas, P., & Varela, M. (2023, February 21). *Patient Satisfaction with Healthcare Services and the Techniques Used for its Assessment: A Systematic Literature Review and a Bibliometric Analysis*. MDPI. Retrieved July 3, 2024, from <https://www.mdpi.com/2227-9032/11/5/639>
- [39] Yu, C. (2021, October 20). *Bong Go brings gov't health services closer to Marinduque with 144th Malasakit Center* Read more: <https://newsinfo.inquirer.net/1504548/bong-go-brings-govt-health-services-closer-to-marinduque-with-144th-malasakit-center#ixzz8dDMdFXLg> Follow us: @inquirer. INQUIRER.NET. Retrieved June 15, 2024, from <https://newsinfo.inquirer.net/1504548/bong-go-brings-govt-health-services-closer-to-marinduque-with-144th-malasakit-center>