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Navigating Medical Assistance: Lived Experiences of Patients at The Malasakit Center

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ABSTRACT: This research examined the lived experiences, challenges, and adaptation strategies of caregivers who cared for a patient at the Malasakit Center of Sultan Kudarat Provincial Hospital. The descriptive phenomenological methodology was employed to collect firsthand information from 15 selected participants through a semi-structured interview format, and the data were later analyzed using thematic analysis. The study results confirmed that the center is operating as expected and is an important lifeline for poor and needy families. The respondents were very satisfied with the services provided, particularly the reduction or complete waiver of their hospital bills, and they described the staff as friendly and supportive. Some of the challenges faced included poor internet connectivity, a limited workforce, long waiting times, and language barriers among indigenous peoples, which were seen as growing pains rather than failures. The financial relief, compassion, and hope brought by the center outweighed any difficulties encountered. The main findings of the study highlighted the importance of being patient, proactive, resilient, and supportive of one another throughout the entire visiting process.

KEYWORDS - *financial assistance, healthcare access, lived experiences, Malasakit Center, universal health coverage.*

I. INTRODUCTION

The Philippines has worked hard to make quality healthcare available to every family, not just to those who can afford it. One of the most significant advances is the Malasakit Centers, which were created to make the experience of accessing medical assistance easier for patients who cannot afford hospital or medical expenses (The LAWPhil Project, 2023). In theory, these centers bring us closer to universal healthcare by removing the financial burden of hospital bills from families who can least afford them. However, how this is experienced in reality, including the medical care process, the waiting time in line, the paperwork, and the unique experiences of living human beings, tells a story that deserves more attention.

The present research is in accordance with the Third Goal of the United Nations Sustainable Development Goals, which aims for Good Health and Well-Being, and specifically Target 3.b, which envisions increased access to the much-needed healthcare services by listening and paying attention to the individuals who availed of the service in the Malasakit Center at Sultan Kudarat Provincial Hospital. The account of the stories and experiences of these individuals allows us to learn something precious and new about the implications of this program, stemming from multiple efforts by the Center for the betterment of the community (Santiago et al., 2021). Malasakit Centers were established to serve as one-stop shops by operationalizing the services of the DOH, DSWD, PhilHealth, and PCSO (Santiago et al., 2021).

The concept seems wonderful from the intended perspective, but does it work in practice? When it comes to families, do they receive the help guaranteed to a satisfactory level, or do they get lost along the way? These inquiries are critical, as they allow us to grasp one of the most challenging issues of all - money anxiety. Many individuals experience delays or avoid medical care simply because they cannot afford it (McMaughan, 2020).

At SKPH, the Malasakit Center was built on a gentle yet powerful truth: healthcare is a right, not a privilege. Staff members are trained to treat all people with kindness, regardless of whether they come from diverse backgrounds, such as being unregistered or unaccompanied by proper documentation. The method of operation is one of compassion and understanding; therefore, patients or their trusted representatives consult the Medical Social Services team to describe their needs. Documentation may include medical certificates, prescriptions, laboratory results, PhilHealth information, hospital bills, and identification. However, even if the paperwork is incomplete, nothing changes regarding the staff's attitude. Malasakit Centers were created by

Republic Act 11463 in 2018 and represent the consolidation of four different agencies into one to reduce long wait times (CNN Philippines, 2019; DOH, 2020).

Studies indicate that these centers have already had a significant impact by raising the number of impoverished families accessing services,reducing confusion and delays, and relieving financial strain for many (Lagarde & Martizo, 2023; Santiago et al., 2021). By centralizing services, waiting time is minimized, and the process becomes smoother (Malodia et al., 2021). Providing compassionate care increases patient satisfaction and promotes healing (Seposo, 2019; Habon & Jamandre, 2023). To find a suitable solution to the problem at hand, it is important to recognize the issues present. The existing resources should be able to meet the required demands. There is a need to ensure sustainability as well. Appropriate policies should also be developed to ensure that the issues of remote areas are kept in mind.

These gaps create an opportunity for a well-developed program and ensure that learning occurs continuously. The objective of the research, in this case, seems to be to create a link between the real-life experiences of people and more general policy frameworks to identify relevant practical solutions that can help make the Malasakit Center more effective. The researchers, in this case, are focusing on using patients' exact experiences to improve the healthcare system, both in policies and practices. What are the lived experiences of clients in accessing medical services in the Malasakit Center? How do Malasakit Center clients deal with the difficulties encountered in acquiring medical assistance? What tips and suggestions can Malasakit Center clients offer the public regarding the medical assistance they receive?

Health Systems Theory considers healthcare a single, coherent, interconnected entity that functions as a body. Each component of the system functions in an interdependent manner through connections in infrastructure, staff, budget, information, and governance. However, delays in system connectivity, for example, do not merely cause inconvenience to employees; they also lead to longer lines, anxiety among patients and families, and so forth. On the contrary, strong connections mean that the whole system begins to work in synchrony. Thus, the progress of the Malasakit Center at Sultan Kudarat Provincial Hospital is determined by more than good intentions. It is determined by a reliable internet connection among PhilHealth, DSWD, PCSO, and DOH, the presence of sufficient personnel to counsel all visiting families, and waiting areas, etc.

When it comes to the program's construction, Health Systems Theory effectively shows us how. However, we have to look at Customer Satisfaction Theory to see why it is just as important as Health Systems Theory. There is more to health care than simply paying bills and signing forms; rather, it may be about ensuring that dignity is upheld, that reassurance is provided, and that the patient feels seen. Customer Satisfaction Theory teaches us that each interaction is significant: small acts of kindness, clear explanations, patience, and compassion count just as much as the service provided. While watching the family members in the study who were anxious about their loved ones, Customer Satisfaction Theory demonstrates how satisfaction can make the difference between being overwhelmed and feeling supported. Seeing their families treated with respect, receiving clear explanations of procedures, and receiving help, when necessary, helps them gain trust in the health care system. They do not just leave with a lighter burden; they are hopeful again. Meanwhile, if there is a lack of clarity about directions, unexplained waiting times, or communication barriers, then no matter how good the program is, it does not mean anything to them. Customer Satisfaction Theory tells us that empathy, clarity, and authentic caring are not extras; they are crucial for health care and patient care.

In combination, these theories give us a complete picture. Health Systems Theory emphasizes that structural aspects such as connectivity, staffing, space, and inclusion must be improved. At the same time, Customer Satisfaction Theory reminds us that all choices concerning structural issues are human as well. A faster internet connection means less anxiety for a worried family. A translated form means no one is left behind. An additional staff member means more than shorter lines; it means every person receives the respect and attention they deserve.

Also, the current study is limited only to the Malasakit Center in Sultan Kudarat Provincial Hospital (SKPH). This is intended to be a thorough investigation of this particular health care facility, focused solely on the operations, impact, and lived experiences of customers seeking medical care within the walls of SKPH. The narrow scope allows for an analysis of how the Malasakit Center operates within SKPH, how it addresses its clients' health needs, and the broader significance of its policies and practices for patient engagement. SDG Target 3.b: Promote research and development of vaccines and treatments for the communicable and non-communicable diseases that mostly affect developing countries. This study aims ultimately to provide a full understanding of how Malasakit Centers may enhance the quality of health care and, in turn, improve the health and general well-being of the population of the Philippines. (Goal 3 infographic Source: https//unstat.un.org/sdgs/report/2022).

The delimitation is the geographical scope, limited to the Malasakit Center at SKPH; the study will not cover additional Malasakit Centers in other locations. Also, the study will not conduct demographic analyses or comparisons, but patient demographics and experiences will be collected in the setting of the Malasakit Center at SKPH. This research will be based on literature, papers, documents, and data sources related to the Malasakit Center at SKPH. It will not involve any original data collection such as interviews or surveys. Moreover, the

study will not anticipate or analyze developments or changes that may have occurred after the September 2021 knowledge cutoff date. The outcomes of this study will undoubtedly help the following discussion continue.

The importance of this study lies primarily with policymakers and government entities. The results of this study will directly inform their decision-making and policies on healthcare financing and access in the Philippines. With an in-depth understanding of how the Malasakit Center at the Sultan Kudarat Provincial Hospital (SKPH) operates and its impact on patients, policymakers can make well-informed judgments about healthcare policies and resource allocation. Healthcare providers and professionals are on the front lines of in-patient care, and this study is also important to them. Such findings may be valuable for understanding the experiences, needs, and interactions of patients with the Malasakit Center at SKPH. Healthcare practitioners can apply this information to adapt their approaches to be patient-centered, thereby improving communication and understanding between patients and healthcare teams.

The study provides healthcare professionals with tools to navigate the complex world of healthcare financing and support, so they can better assist patients and reduce financial stress. This ultimately leads to better-quality care delivered by the healthcare teams at SKPH and a more patient-centric healthcare environment. The work will be of interest to academics in the disciplines of healthcare, public health, and social services. Provides basic information on how the Malasakit Center at SKPH operates and its impact on medical treatment and financial support. This information can serve as a basis for future research and study on healthcare assistance programs and their consequences. Based on the findings of this study.

Researchers can develop comprehensive policy recommendations, intervention strategies, and best practices that can assist not only the healthcare systems in the Philippines but also those in comparable circumstances globally. This study serves as a springboard for future research efforts to improve healthcare access, financial aid, and patient participation. This qualitative study aimed to explore the experiences of patients availing of Malasakit Centers, a program that assists disadvantaged patients in the Philippines. Themes identified through thematic analysis and interview findings were financial aid, accessibility, quality of care, and general satisfaction with services received.

Policy analysis is a systematic, structured approach to reviewing and assessing public policies from their formulation and legal basis, through implementation and enforcement, to their actual impact across society, including healthcare access and equity. It not only looks into whether the policy achieves what it sets out to do, but also moves beyond this to assess the policy's workings in practice, where it falls short and produces unanticipated effects (Dye, 2017; Walt et al., 2008). This research employs policy analysis as a perspective through which Republic Act No. 11463, also known as the Malasakit Centers Act of 2019, is examined, specifically its program design, mode of operation at Sultan Kudarat Provincial Hospital, and the discrepancy between real-life practice and the envisioned program plan.

Public health denotes the well-being and health of whole populations and communities rather than just individuals. It has a very broad scope, being based on preventive action; promoting good behavior and lifestyle; preventing illness using means of surveillance, education, and action; protecting entire communities from all kinds of health hazards; and providing access to the necessary health services, especially for vulnerable and marginalized groups (World Health Organization [WHO], 2020; Seposo, 2019). This research is built on principles of public health, as it emphasizes the experiences of families who navigate the system, the problems faced by Indigenous Peoples and remote communities, and considers health not as a privilege but as a fundamental human right, in line with the United Nations Sustainable Development Goal 3.

II. HEADINGS

1. **Introduction**
2. **Headings**
3. **Method**
   - 3.1 Study Participants
   - 3.2 Research Design
   - 3.3 Research Instrument
   - 3.4 Data Collection Procedures
4. **Results and Discussion**
5. **Tables**
6. **Insights and Recommendations**
7. **Acknowledgement**

III. INDENTATIONS AND EQUATIONS

1.1. Study Participants

This research is about the experience of the watchers, who are the family members, friends, and caring people who accompany patients on this journey. They collect written documents, wait for their turn to speak to the doctor, ask questions, and feel the tension. Patients are often sick to the extent that they do not remember every moment of this experience. The watcher, by contrast, sees everything, and their point of view provides a comprehensive, sincere, and truly human account of how the center functions and how it can be improved. The purposive sampling selection of watchers included 15 individuals who were invited to participate in the research because of their prior experience accompanying patients through the Malasakit Center at SKPH. This sample size is optimal for phenomenological research, as it allows sufficient diversity for theme emergence yet remains small enough to give each voice equal weight.

The selection process aimed to ensure that the sample consisted of individuals from different backgrounds, with varying patient profiles and cases, so that the findings would reflect wider patient journeys.

1.2. Research Design

This research utilized a qualitative methodology based on descriptive phenomenology, which means listening carefully to people's stories rather than measuring their experiences with numerical data or ranking aspects of their experience on scales. This phenomenological approach allowed individuals to describe their experience in their own words, so the feeling of going in and out of Malasakit Center with a loved one in concern and learning each step was conveyed clearly without having to put numbers on it.

As phenomenology aims to find the essence of human experiences that cannot be captured through numerical data collection, it captures the essence of human emotions such as hopes, fears, moments of bravery, and sentiments of happiness, such as relief from constant struggles, that numbers cannot capture alone. During in-depth interviews, the participants were allowed to share their experiences openly without any restriction. All the contributions were compiled and analyzed by theme to capture the collective voice of individuals. The research process was based on a systematic methodology to gather data from participants, apply thematic analysis, and compare participants' responses based on their experiences.

1.3. Research Instrument

A semi-structured interview was the main method used, with some open-ended questions. The interview guide has been developed to address key issues: how they learned about the agency, their expectations, surprises, difficulties, effective strategies that helped them, new things they learned, and what they want to share with others. Although there was a formal structure, the interviews were unstructured regarding how much participants spoke about each issue in the interview guide.

Participants were free to talk as much or as little as they wanted for each topic discussed. The recordings were made after getting consent from every participant. This practice was followed not to preserve the audio recordings for eternity, but to ensure that every participant spoke their voice. However, even with a structured protocol,the interviews flowed naturally, remaining conversational and allowing participants the freedom and flexibility to provide as much or as little information about particular points as they desired. Each interview was recorded with the participant's permission so that none of the participant's comments would go unreported.

1.4. Data Collection Procedures

The research process was ethical and deliberate, with the participants at its center, in accordance with the protocol of the Ethics Review Committee of the University of Mindanao. The Ethics Review Committee of the University of Mindanao approved the research design and related procedures prior to any interaction with participants (Certification No. UMERC-2024-152). Formal approval was secured from the Sultan Kudarat Provincial Hospital authorities and the management of the Malasakit Center of Administration, ensuring that all work performed followed the institutions' policies and guaranteeing the future benefit of all the parties involved. Participants in the research were purposively selected because they had firsthand experience accompanying patients to the Malasakit Center and could narrate their experiences from the beginning to the end of the process. The participants included 15 family watchers and trusted acquaintances who fulfilled the role of caring for the patients.

This sample size is appropriate for descriptive phenomenology, as it facilitates the emergence of common themes among participants' direct experiences while respecting the integrity of people's individual narratives. Recruitment of participants will continue with new accounts as they appear until data collection reaches the point where no new themes emerge, which sufficiently explains the breadth of participants' experiences. Prior to commencing interviews, each participant received a clear Informed Consent Form. All conversations were recorded accurately and with permission so that no information would be missed and proper field notes recorded mood, emotions, and other important moments that recordings alone may miss. The duration of each session was between thirty and sixty minutes, but these conversations proceeded at a pace that was comfortable and appropriate to those involved.

All the information shared was kept confidential and handled carefully since actual names and identifying markers were replaced with identifiers or pseudonyms. The audio recordings and transcripts were stored safely and were accessible only to the researcher and his/her advisor. The audio recordings and transcripts will be kept for as long as necessary to complete this project, after which they will be destroyed to prevent accidental disclosure. The information provided in preliminary reports will be shared with participants so they may confirm and clarify it. After the initial reports were provided and comments were obtained, the data were analyzed in detail to identify common threads and categories across all narratives.

The information concerning the subject matter of this book has been preserved in all its details so that the participants' voices can be retained in the presentation of the material. To ensure the rigor and integrity of qualitative research, it is imperative to pay careful attention to trustworthiness, based on four widely recognized criteria: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985).

The research has been conducted in accordance with those criteria to ensure that the results accurately reflect the experiences of those who participated. Credibility refers to confidence in the accuracy and truthfulness of the study's results. For this research, descriptive phenomenology is used as an effective means of capturing the essence and richness of human experience, thereby allowing congruence between the research design and goals. Sufficient and respectful contact with the participants has been provided, thus allowing the building of a relationship of trust, which has made it possible to conduct valuable and open discussions; the interviews have been held in the language of choice of the participants (English, Filipino, and local dialect) to ensure that their voices and experiences can be conveyed in their entirety and authenticity.

Initial interpretations were presented to selected participants for verification; this procedure, known as member checking, aimed to confirm that the interpretations were properly understood and that no viewpoint was omitted in the course of interpretation. Sources of data comprise interview transcripts, comprehensive field notes, and details of observed interactions, which provide several dimensions of knowledge that reinforce the reliability of the results (Creswell, 2013). Concerning transferability, the concept refers to the extent to which findings are generalizable to other circumstances. Instead of achieving wide generalization, this research provides meaningful thick description through elaborate narratives, direct quotations, and specific contextual observations, enabling readers to determine how or whether those experiences are relevant in other Malasakit Centers or other healthcare assistance programs (Merriam, 2009).

The research has clear limits, as it is based solely on data from the Malasakit Center at Sultan Kudarat Provincial Hospital, collected in January 2024. Various respondents include Indigenous Peoples, first applicants, and families from different backgrounds, thus giving more voices and increasing the applicability of the findings to similar communities/facilities. Dependability establishes the consistency, rationality, and traceability of research methods. Each step, from obtaining ethical clearance and securing informed consent to conducting interviews, transcribing interview content, and performing data analysis, requires documentation to create an audit trail. Appendices present the research instruments, informed consent forms, and letters of permission and validation to ensure transparency. The study utilized the support and guidance of an experienced research adviser, along with the assistance of numerous experts throughout its course, ensuring external oversight and consistency in approach (Polit & Beck, 2021).

Confirmability ensures that no researcher bias occurs, preventing researcher influence, and that the resulting data are a product of participants' observations rather than researcher bias. All themes and interpretations are based on direct quotes received from interviews and verbatim data. Strong and weak aspects are presented objectively, without idealization or criticism of the program, but rather based on impressions. The investigators' position is defined, and everybody is aware of the importance of putting aside preconceived notions during the collection and analysis of data (Patton, 2015) In adherence to the requirements of the UM Research Ethics Committee, ethical considerations were observed.

This study strictly complied with ethical guidelines set by the University of Mindanao Ethical Review Committee (UMERC). Informed consent was obtained from participants, who were fully informed of the study's purpose, procedures, and their right to withdraw at any time without penalty. Names and identifiers were removed. Pseudonyms or codes were used to ensure anonymity and confidentiality.

IV. FIGURES AND TABLES

In this chapter, the topics covered include an analysis of critical themes drawn from the personal experiences of people who accompanied ill patients to the Malasakit Center at the Sultan Kudarat Provincial Hospital (SKPH). The ideas are expressed in terms of four interrelated segments: actual experiences and service perceptions, operational hurdles, inclusive barriers, and coping means adopted, as well as lessons, insights, and suggestions.

The sections begin by presenting a summary of the principal themes, along with participant remarks and contextual discussions that explain what the findings mean. Direct quotations are used to capture originality and present participants' experiences from their perspectives. Through these narratives, readers can examine

participants' experiences beyond the findings, identifying where the Malasakit Center is positively affecting them, where it creates challenges, and the coping methods they use.

In this section, participants' experiences and perceptions of the Malasakit Center from the first moment to the last assistance they received are captured. The themes indicate what they did to obtain assistance, as well as their views on the environment, personnel, and what the Center has done for them.

According to Table 1, which illustrates how patients access care via the Malasakit Center, it shows that what matters most to those patients is given attention. The revelation from the observations in Table 1 is that the Malasakit Center reduces financial barriers for families. In many instances, patients would have needed to borrow money or sell valuable items to cover the costs of seeking medical assistance; however, this burden has been either partially or completely borne by the center. The patient says, "We were not worried about how to pay for the service as they took care of this issue for us," which indicates the center's primary purpose: ensuring that lack of financial resources does not hamper necessary medical procedures. Moreover, the staff's courtesy and sense of approach have also played an important part in the patient's experience. The patients are not only satisfied with the quality of the service but also want to be treated in a civilized manner. When the staff members were explaining all the particulars of the documents necessary for patients, it was considered as important as assisting them. In

Addition, when the staff members encouraged their patients, the situation shifted from intimidating to proper, which allowed patients to consider the Malasakit Center not only as a means of helping them but also as a place of comfort and reassurance for those in need. People usually comment on the need to wait in line; however, all patients agreed that spending considerable time waiting was acceptable because the center was busy. Instead of thinking twice about waiting because it took a long time, patients understood that everybody needed assistance, which made them more relaxed. However, the waiting process was stress-causing for participants, especially when there was a need to take care of a person undergoing treatment. The narratives above demonstrate that the Malasakit Center operates as it should: it is not the best center, but patients are happy and satisfied with the assistance they receive.

Table 2 also illustrates several problems resulting from operational issues and the inclusion process. The most prominent problem was poor internet connectivity. This is an infrastructure problem because verifying individuals with agencies such as PhilHealth, DSWD, and PCSO requires stable internet connections. When internet connections are slow or nonexistent, transactions halt, resulting in unpredictable wait times for families who travel from areas without reliable access for verification needs. Staffing shortages are yet another operational problem that study participants mentioned. Participants indicated that there were insufficient numbers of staff at times, and instructions regarding requirements were quite confusing. The priority number system helped ensure that each client was served fairly; however, it did not shorten the time needed to process applications. Perhaps the major issue regarding difficulties with the process for Indigenous Peoples (IPs) relates to language barriers. Language differences alone can create problems. Forms and instructions were provided only in English or

Filipino, creating a challenge for many IPs who did not know either language. Furthermore, although the NCIP office existed, many IPs were unable to find it. Thus, they faced problems completing multiple steps. One participant mentioned, "I almost cried because I could not find the NCIP o Table 3. Instead of suffering through hardships, the study's subjects actively engaged in constructive actions informed by both individual resilience and collective Filipino values. Patience and understanding were experienced not simply as virtues but as a part of group practice and behavior. Participants recognized that waiting caused similar anxieties for everyone and that persistence was important to ensure fair treatment for everyone involved. Proactive search for information also served as an important technique: those who addressed their questions in advance to individuals such as Center workers or other applicants managed to arrange their affairs more effectively and without confusion.

Each family began to share responsibilities, with each member taking on a role, for example, staying with the patient while the others were collecting necessary documents. Thus, their teamwork reduced the burden on participants. Peer solidarity served as an informal support network system. Participants acted as guides to strangers waiting for their turn, provided them with the information they had collected, and kept each other company. Participants stated that helping their fellow applicants was appropriate behavior, given that they were all there for the same purpose. This unity helped people cope with the information vacuum created by the absence of information. These experiences lead to some practical advice. Advice for leaders of governments and other institutions includes enhancing Internet access and staffing levels, and providing information in native languages.

Recommendations for the management of the Malasakit Center include continuing to listen to your clients' voices, appreciating your personnel for the value of their work, and taking proactive measures to support staff. Recommendations for future applicants would include preparing documents in advance, asking questions, and looking after fellow applicants.

Recommendations for researchers include emphasizing the voices of the native population. Overall, based on the evidence presented in Table 3, it can be concluded that the families served by Malasakit Center are not only recipients of assistance but also active partners in the process. Their perseverance, resilience, and concern for each other demonstrate that the strength of the program lies not only in the provision of funds but in recognition of dignity and hope.

Table 1. Experiences of clients in accessing the medical services in Malasakit Center

Theme	Key Observations
Patience and Perseverance	"Just be patient in queuing, and everything will be fine." (Magtiyaga lang sa pagpila, at magiging maayos ang lahat) Only the queuing is time-consuming. (Ang pagpila lamang ang kumakain ng oras) Queuing and waiting were commonly cited; patience viewed as Essential.
Helpful and Accommodating Staff	With just one request, we already have all that we need (Sa isang hiling lang, nasa atin na ang lahat ng ating kailangan.) The staff are food at public relations, and they serve us as fast as they can." "It's very okey this time because the staff are helping to make the process faster. (Mahusay ang mga tauhan sa pakikitungo sa publiko, at pinagsisilbihan nila kami sa abot ng kanilang makakaya." "Maayos ang takbo ng mga bagay ngayon dahil tumutulong ang mga tauhan na pabilisin ang proseso.) Personnel praised for guidance and efficient assistance.
Financial Relief	"We did not have to pay us Hospital Bills" (Hindi namin kinailangang bayaran ang aming mga bayarin sa ospital) "Our problems about hospital bills were solved by Malasakit Center" (Nalutas ng Malasakit Center ang aming mga problema sa mga bayarin sa ospital) "The patient was treated without us having to worry about payment" (Ginamot ang pasyente nang hindi na namin kailangang mag-alala sa bayad)
Gratitude Despite Difficulties	"For a firt-time, it's hard" (Mahirap kapag unang beses) "I felt happy" (masaya ako) "it's hard, but I still managed to finish it" (Mahirap, pero nagawa ko pa ring tapusin Ito)
Critical Support for the Poor	"It's a big help to those of us who are poor" (malaking tulong ito sa ating mga mahihirap)

Efficient and Accessible Services	"All laboratories are accesible and laboratory services are available at OPD" (ang mga laboratory ay naa-acces at ang mga serbisyo sa laboratory ay magagamit sa OPD) "If theire internet connection is slow then the speed of their services gets affected" (kung mabagal ang koneksyon ng kanilang internet naaapektuhan ang bilis ng kanilang serbisyo)

Table 2. Strategies employed by clients to cope with the challenges in accessing medical services in Malasakit Center.

Theme	Key Observations
Service Delays Due to Poor Internet	"slow internet connection, some agencies rely heavily on internet access for transaction" (Mabagal na koneksyon sa internet; umaasa nang malaki ang ilang ahensya sa internet access para sa mga transaksyon)"work stops whenever the internet connection is lost"(Humihinto ang trabaho sa tuwing nawawala ang koneksyon sa internet)
Operational And Process Difficulties	"at times, staff are insufficient in number" (Minsan, kulang ang bilang ng mga kawani)"guidance on requirements is sometimes unclear"(Minsan ay hindi malinaw ang gabay tungkol sa mga kinakailangan) "since this is a government program, we follow the priority number system to ensure everyone get served" (Dahil ito ay isang programa ng gobyerno, sinusunod namin ang sistema ng priority number upang matiyak na mapagsilbihan ang lahat) "I just adkusted to keep the process moving smoothly" (Nag-adjust lang akoNpara maging maayos ang takbo ng proseso)
Barriers for Indigenous Peoples (IPs)	"I found it hard at the IP office because I could not understand some of the instructions" (Nahirapan ako sa IP office dahil hindi ko maintindihan ang ilan sa mga instruksyon) "I almost cried because I could not locate the NCIP office" (Halos mapaiyak ako dahil hindi ko mahanap ang opisina ng NCIP) "as an IP, I had to repaet the process several time because I could not fully grasp the instructions" (Bilang isang IP, kinailangan kong ulitin ang proseso nang ilang beses dahil hindi ko lubos na naunawaan ang mga instruksyon).
Smooth and Unproblematic Experience	"I encountered no challenges at all, I was able to get all the assistance I needed" (Wala akong naranasang anumang hamon; nakuha ko ang lahat ng tulong na kinakailangan ko) "I did not face any difficulties in availing of the services and benefits"(Hindi ako nakaranas ng anumang hirap sa pagkuha ng mga serbisyo at benepisyo) "everything was provided without charge, and cash assistance was also given"(Lahat ay ibinigay nang walang bayad, at nagbigay rin ng tulong na pera) "the services are excellent, aside from having no hospital bills, the staff are very polite and approachable"(Napakahusay ng mga serbisyo; bukod sa walang babayarang bayarin sa ospital, napakagalang at madaling lapitan ng mga kawani)
Mixed Emotions: Frustration and Gratitude	"It felt sad and anxious at first because it was my first-time processing requirements here" (Nakaramdam ako ng lungkot at pagkabalisa noong una dahil ito ang unang beses kong mag-asikaso ng mga dokumento rito) "It was difficlut, but I am happy beacuase I got the help I needed" (Mahirap ito, pero masaya ako dahil nakuha ko ang tulong na kailangan ko) "I am very satisfied with the excellent service they provide" (Lubos akong nasisiyahan sa mahusay na serbisyong ibinibigay nila).

Table 3. Insights and Recommendation to improve the medical services provided by the Malasakit Center.

Them	Significant Statemments
Patience and unerstanding	"I learned to be patient for the sake of the patient and accompanying" (Natuto akong maging matiyaga para sa kapakanan ng pasyente at samahan) "Being patient is essential" (Napakahalaga ng pagiging matiyaga) "Just be patient to avail of the Malasakit Center's free services" (Maging matiyaga lamang sa pag-avail ng mga libreng serbisyo ng Malasakit Center) "Patience and understanding that everyone need helps" (pagtitiyaga at pag-unawa na ang lahat ay
	nangangailangan ng tulong) "Perseverance is the key; everyone just needs to wait their turn" (Ang pagtitiyaga ang susi; kailangan lang ng lahat na hintayin ang kanilang pagkakataon)
Proactive Information-Seeking	"I asked others to guide me to the 4ps offce" (Nagpaturo ako sa iba papunta sa opisina ng 4Ps) "I asked for direction and waited patiently" (Humingi ako ng direksyon at matiyagang naghintay)
Family and Community Support	"I did not go through this process alone" (Hindi ko pinagdaanan ang prosesong ito nang mag-isa) "I ask for help from my family" (Humihingi ako ng tulong sa aking pamilya) "I coordinated with other local government agencies" (Nakipag-ugnayan ako sa iba pang mga ahensya ng lokal na pamahalaan) "no further assistance was needed beacause the Malasakit Center does not ecluded anayone" (Hindi na kinailangan ng karagdagang tulong dahil hindi nagtatangi ang Malasakit Center sa sinuman)
Peer Solidarity	"I talked to other people, so I would not get bored while waiting" (Nakipag-usap ako sa ibang tao para hindi ako mainip habang naghihintay) "I was friendly with others. I engaged with others while waiting" (Naging palakaibigan ako sa iba. Nakipag-ugnayan ako sa kanila habang naghihintay)

Respect for Process	"Every process must be followed so that everyone can access the services" (Dapat sundin ang bawat proseso upang matiyak na makaka-access ang lahat sa mga serbisyo)
Resilience and Optimism	"Staff manage their task well, give clear instructions, and make efficient use of time" (Mahusay na pinamamahalaan ng mga kawani ang
	kanilang mga gawain, nagbibigay ng malinaw na mga tagubilin, at mahusay na gumagamit ng oras) "Stay resilient, especially when you are waiting for something important" (Manatiling matatag, lalo na kapag naghihintay ka ng isang mahalagang bagay)

V. CONCLUSION

The analysis of Malasakit Centers and its foundations is actually a study concerning many lives caught in the chasm between fear and hope (The LAWPhil Project, 2023; Republic Act No. 11463, 2019); the accounts of the fifteen watchers were not just those of respondents but also relatives and companions who waited at dawn with clenched pieces of paper for their loved ones. These accounts tell us that the health sector is not only about medicine or payment but also about being visible as a person with dignity and the assurance that no one has to endure hardship (Seposo, 2019; Habon & Jamandre, 2023). The word "relief" comes up many times in these narratives; one of the participants stated simply that "Our problems with hospital bills have been solved by Malasakit Center," which is the essence of the program and states that for some families,

This respect was as important as the relief provided to all participants (Uchimura, n.d.). There were times when inaccessible internet made it impossible to carry out many transactions, leading to unproductive waiting time filled with uncertainty. Long lines and confused first-time users were the scenario. Most importantly, an Indigenous individual complained about almost weeping from helplessness while trying to understand the information that was given to her in an unknown language and mentioned how difficult it was to complete it. However, what struck me most was that, just like the others who found it difficult, they did not express their outrage about what happened. They said, "I had a hard time, but I still could finish it," which shows their acknowledgment of growing pains rather than failure and belief that assistance is worth it. Despite all the difficulties, people helped each other out by sharing information, being there for one another, and translating for those who needed it. "We all came here for the same reason" became more than just a declaration; it came to represent a common understanding of patience.

This serves as a reminder to care for one another, as is typical of Filipino culture, which does not rely on perfect systems but on actions. Demonstrating that the most significant improvements are frequently the most basic,the findings indicate the importance of having dependable internet access so that no one has to wait unnecessarily, having local languages on forms and signs in order for nobody to feel excluded, increasing personnel for everybody to get the necessary services, and giving people an appropriate place where they can wait comfortably. Even though the center is not perfect, it is essential for restoring hope and providing assistance, as it shows that the right policies are most powerful through genuine compassion (Lagarde & Martizo, 2023).

They indicate that social work and health programs can be measured not only by statistics and successes but also by how many vulnerable people can be reassured, guided, and assisted to feel part of the community. Any family that enters the center knows it is important because everyone deserves to leave the center knowing they are valued, cared for, and will never be left alone in such a difficult situation. In general, the Malasakit Center fulfills its functions; for nearly all participants, it should be noted that a very important gift is not the financial component but the feeling of respect and support. Staff members were characterized not only by efficiency but also by kindness; during difficult moments, this politeness was of primary importance. In general, it should be noted that the Malasakit Center is more than just desks, forms, and money; it symbolizes the government's expression of care for the people. It provides dignity as well. Nevertheless, more needs to be done to make the center faster, more convenient, and easier to reach.

First of all, the government and program leaders should improve internet services and connectivity, since delayed treatment is a delayed transaction. Second, it is necessary to increase the number of staff working in the center. It is appropriate to build a well-organized, clean, and comfortable waiting space, where people can wait comfortably. Moreover, it is also vital to provide each community with information in its native language.

Continue listening and have regular dialogues with supporters and families to find out what has been effective and what has not, in their own voices. Walk the journey together by working closely with NCIP and barangay leaders in guiding clients who travel from afar. Moreover, care for and support your staff since their

kindness is by far the strongest quality of the program. Give the staff the training, breaks, and tools they need to ensure that they continue to do their best.

Be prepared but do not be afraid; collect your documents well in advance of your appointment so you walk into it with assurance. This way, if you have any questions or do not understand something, you will be ready to ask. Remember that it is fine to ask for help – you do not have to figure things out on your own. Always remember that you belong there and that you should consider yourself a member of that specific group. Next, look out for each other. Share what you have learned with the person next to you who seems to need assistance. You should bear in mind that no one is on his own; everyone is going in the same direction and carrying the same love for his/her family members. Being in the company of others makes carrying the burden together easier. Finally, do not lose hope or be discouraged. You need to know that help is there for you, no matter how long the day is or how heavy your concern is.

Continue to listen and to learn. Share this knowledge with other regions so that the experience does not become simply one voice in one location but continues to develop as we gather new experiences and learn until we have the full picture of everyone's experiences, not simply someone else's story. Each voice and each story are important because we cannot afford to ignore anything. Focus on those voices who may not be part of the process. Listen to our Indigenous brothers and sisters and other families in remote regions and see what you can learn from them and their experiences. No family should be left out of the benefit simply because that family is on a more challenging journey. What happens in their life's weeks or months after your assistance has ended? The point of the experience is not simply that they received help, but that they continue to receive help long after your assistance is gone. Real Change takes time, but the real impact will be felt not immediately but over time. In the end, healthcare is not just about health care but also about dignity and respect, as well as the assurance that one is not turned away in their time of great need.

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