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Effectiveness of the Senate Public Assistance Office's Medical Assistance Program Through A Citizen-Centered Governance Towards an Action Plan

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ABSTRACT

This study assessed the effectiveness of the Medical Assistance Program of the Senate Public Assistance Office (SPAO) from the point of view of its walk-in beneficiaries, using the six dimensions of citizen-centered governance as the basis for the assessment, namely accessibility, responsiveness, accountability, transparency, efficiency, and participation. A descriptive-evaluative quantitative design was used. The research gathered 371 legitimate replies from qualified walk-in beneficiaries. The minimal sample size was calculated via Cochran's calculation, incorporating a 95% confidence interval and a 5% margin of error, along with finite population correction for the 5,112 walk-in beneficiaries documented in CY 2024. Data were collected utilizing a validated bilingual survey instrument exhibiting exceptional internal consistency. Frequency and percentage were employed to delineate the demographic profile, whilst weighted means were utilized to evaluate perceived program efficacy and the incidence of obstacles faced. Inferential analysis using One-Way ANOVA was employed to determine whether significant differences existed between the demographic characteristics of beneficiaries and their perceived effectiveness of the program. The findings revealed that the beneficiaries were mostly female, within the 40 to 49 age brackets, married, unemployed, and earning below ten thousand pesos a month. The program was perceived as highly effective by the surveyed walk-in beneficiaries across all dimensions, with an overall weighted mean of 3.81, while the challenges encountered were rated at the Never level. Rooted in Citizen-Centered Governance, the results underscore the significance of ensuring public service delivery is accessible, responsive, responsible, transparent, efficient, and participative. A strategic plan was consequently suggested to maintain the program's advantages and tackle recognized areas for enhancement, especially in communication and follow-up systems, information distribution, operational efficiency, and beneficiary engagement.

Keywords: *citizen-centered governance, medical assistance program, Senate Public Assistance Office, program effectiveness, walk-in beneficiaries*

INTRODUCTION

Public assistance initiatives serve as a vital conduit for delivering governmental services aimed at addressing the fundamental requirements of all citizens, especially the social, economic, and health-related needs of disadvantaged populations. These initiatives are founded on the principles of citizen-centric governance, namely transparency, accessibility, community responsiveness, accountability, efficiency, and public engagement, which are crucial for delivering services that genuinely serve the public interest

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

(Sharma, 2017). Andrews et al. (2017) observed that synchronizing governmental service delivery choices with citizen goals has been a prevalent theme in development discourse. The World Bank and several international entities assert that effective service delivery relies not solely on providers meeting standards, but also on citizens' satisfaction and confidence in their participation, which fosters trust in the providers. A comprehensive citizen service center, similar to one-stop solutions, has demonstrated enhanced accessibility and satisfaction (Ali, 2018), emphasizing the efficacy of the multifaceted, citizen-focused development strategy.

The social services that the Philippines gives the most attention to are executive agencies, such as the Department of Social Welfare and Development (DSWD). Yet simultaneously, the legislative branch plays a critical albeit overlooked but crucial role in helping. In this case, the Senate Public Assistance Office (SPAO) performs its functions of providing assistance on the basis of medical, social, legal, and transportation support to citizens (Gatpandan, 2020). Its flagship program is medical assistance, which meets the needs of patients enrolled in Department of Health (DOH)-accredited hospitals across the country. According to Villarica (2022), as of 2021, there were 36,997 cases for medical assistance that the SPAO rendered to patients in such institutions as the National Kidney and Transplant Institute, Philippine Heart Center, Philippine Children's Medical Center, East Avenue Medical Center, and Lung Center of the Philippines. When the recently launched Senate Assist portal was being delivered by the Medical Assistance Service, the Medical Assistance Service processed a total of 68,534 medical requests, and the newly launched Senate Assist portal received and processed 4,145 medical assistance requests, and medical support was provided by 2024 (Senate Public Assistance Office, 2024). These are numbers, and they illustrate the scale and significance of the medical assistance provided by SPAO.

Even in the midst of the COVID-19 pandemic, although SPAO adjusted itself to a degree by allowing applicants to seek online help and make regular visits, and its services go on through regular medical appointments, it also made out 21,755 medical assistance grants for 2020. Access is still mostly conditional on guaranteed letter applications to DOH-accredited hospitals. The most recent solution offered by SPAO is Senate Assist, a digital device for applications which has a quicker reaction (United Nations E-Government Survey, 2022). It matches the rise of global e-government trends. Most of the previous studies focused on executive agencies or local government units (LGUs) (Philippine Institute for Development Studies [PIDS], 2020). This shift in service delivery to a digital service mechanism fits with larger community-based government interventions that promote use of technology in improving access, lowering bureaucracy, and mobilizing citizen engagement (Sundberg & Holmström, 2024; United Nations, 2024).

Even with these efforts, there is still a big gap in empirical research on how well SPAO helps people according to the principles of citizen-centered governance. There has been a lot of research on the overall Philippine healthcare financing system, especially PhilHealth, the Malasakit Centers, and the Department of Health's Medical Assistance to Indigent Patients (MAIP) program (Perandos-Astudillo et al., 2023; Co et al., 2024). However, most of these studies focus on executive agencies or local government units (LGUs) (Philippine Institute for Development Studies [PIDS], 2020), so there hasn't been much research on service delivery led by the legislature. The significance of this distinction originates from the fact that legislative aid offices are subject to different institutional mandates, budget arrangements, and accountability processes than are executive agencies.

More precisely, this research gap might be characterized as a population gap and an implementation gap. The population gap refers to the limited number of studies focusing specifically on the walk-in beneficiaries of SPAO's Medical Assistance Program, while the implementation gap refers to the lack of evidence on whether SPAO's service targets actually translate into citizen-centered outcomes for these beneficiaries. As the volume of assistance provided by SPAO has long been a major topic of discussion in its annual accomplishment reports, no empirical study has thus far been conducted to determine whether this legislative-led medical assistance program really works from a walk-in beneficiaries' perspective or

ISSN: 3116-3475
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of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

whether the office's own plans and targets really are working. The existence of already pre-established plans and targets in SPAO's accomplishment reports suggests that the office had already recognized problems and service concerns it aimed to address; linking this study to these institutional plans increases the justification for the assessment of program effectiveness. No Implementing Rules and Regulations (IRR) for SPAO exist at present; therefore, for its primary secondary-data source, this study is based on the office's CY 2024 Accomplishment Report and is framed by Policy Order No. 2020-003 (Series of 2020), which created and restructured the office under Republic Act No. 11465. Consequently, the aim of this study is to evaluate the role of SPAO's Medical Assistance Program from the perspective of citizen-centered governance and as a result, recommend an intervention plan which would help in improving the service delivery and overall performance of the program.

To fill this gap, the study quantitatively measured the medical aid program of SPAO particularly, the walk-in clients as beneficiaries. It measured strengths and weaknesses against the basic characteristics of citizen-centric governance: accessibility, responsiveness, accountability, transparency, efficiency and participation.

Establishing the evaluation in the views of the direct beneficiaries of the services, the study aims to produce evidence-based recommendations that can enhance SPAO's public service model, institutional accountability and public confidence in the legislative branch's ability to respond to citizens' needs. Also, the study is relevant to the United Nations Sustainable Development Goals (SDGs), as it fosters access to health (SDG 3), reduces disparities (SDG 10), and promotes transparent and accountable institutions (SDG 16).

METHODS

Research Design

The research was conducted using a descriptive-evaluative quantitative approach. The descriptive part was centered on the demographic profile and experience of the walk-in participants of the Senate Public Assistance Office (SPAO) Medical Assistance Program. The evaluation section evaluated the program competency based on the principles of "Citizen-Centered Governance (CCG)" which included accessibility, responsiveness, transparency, accountability, efficiency and participation (Denhardt & Denhardt, 2017; OECD, 2015). The main data collection method used was structured questionnaire survey which is designed to provide measurable answers that were examined using statistical analysis. Such an approach helped to measure beneficiaries' impressions in a systematic way, since these findings are therefore objective, dependable, and can be extrapolated within the designated scope of study. The analysis was based on a purely quantitative methodology to eliminate subjectivity biases and to focus on observable programmed results (Creswell & Creswell, 2017).

Research Locale

The study was done in the Senate Public Assistance Office (SPAO) in Pasay City with particular emphasis on its walk-in medical aid services. This was a conscious emphasis because walk-in beneficiaries are in close contact with the processes, procedures and the SPAO's staff during face-to-face meetings and are thus exposed to the policies and personnel of the SPAO. This direct discussion offered a concrete and tangible context for studying the implementation of governing practices in service delivery activities of the public sector. Though it restricted the findings to walk-in clients, this ensured the focus of the study was on the immediate, in-person process of engagement between service providers and beneficiaries.

Population

The population for the study was walk-in clients of the Senate Public Assistance Office (SPAO) seeking medical assistance at the time of the data collection. Persons who visited SPAO personally to request assistance during the data collection period were included. Prior or previous clients who sought at

ISSN: 3116-3475
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of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

least a partial or full amount of assistance before data collection started were excluded in order to ensure the data reflects the current and immediate experiences of beneficiaries.

Sampling Method

Non-probability convenience sampling was used in the study with a respondent-intercept method. During the data collection period, walk-in participants of the Senate Public Assistance Office (SPAO) Medical Assistance Program who were eligible for the program were contacted and asked to participate. The respondents were selected based on their availability and willingness to participate.

The reference population utilized in the minimum sample size calculation was the CY 2024 population of walk-in beneficiaries, which is 5,112. The minimal sample size necessary was 358 respondents at 95% confidence level and 5% margin of error using Cochran's formula with a finite population correction. The total number of valid replies was 371 which is over the minimum sample size necessary.

Sample Size Determination

Based on SPAO's CY 2024 accomplishment report, 5,112 walk-in medical assistance clients were served. The 5,112 CY 2024 walk-in clients served as the reference population for computing the minimum sample size. The minimum sample size was established using the Cochran's formula at 95% confidence level, 5% margin of error and 50% estimated population percentage. The original Cochran sample size was 384.16. The finite population correction was performed to the sample size because of the finite population of 5,112 walk-in medical aid consumers recorded in CY 2024, with a minimum sample size of about 358 responses.

For a 95% confidence level:

- Z=1.96
- p=0.50
- q=0.50
- e=0.05

First:

$$n0=e2Z2pq\ n0=\ (0.05)2(1.96)2(0.50)\ (0.50)\ n0=384.16$$

Because the population is finite (5,112), the research applied the finite population correction:

$$n=1+Nn0−1n0\ n=1+5112383.16384.16\ n\approx357.35$$

Therefore, the minimum required sample is 358 respondents if rounding upward. The study received 371 valid replies, which exceeded the minimum sample size required. The sample size was determined by utilizing Cochran's formula while the respondents were recruited using respondent-intercept/convenience strategy depending on the availability and eligibility of walk-in beneficiaries during the data collecting period. Thus, the findings are discussed within the restrictions of non-probability sampling.

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

Survey Questionnaire

The main research tool for the study was the structured survey questionnaire. It was used to obtain quantitative data on how well the Senate Public Assistance Office's (SPAO) Medical Assistance Program worked.

The survey covered three major segments:

Part I. Demographic Profile — In this section, participants answered basic questions about themselves, such as sex, age, marital status, school level, work status, income per month, type of medical care obtained and frequency of program use. These variables were used to classify and compare answers by demographic factors.

Part II. Program Effectiveness and Satisfaction — Items are rated on a four-point scale in this section. This section contains items that are intended to measure seven markers of program effectiveness: accessibility, responsiveness, accountability, transparency, efficiency, participation and overall satisfaction. The scale used is presented as follows:

Table 1. *Scale for Program Effectiveness*

Scale / Sukatan	Interpretation	Description
3.51-4.00	Highly Effective / Lubos na Mabisa	The program is seen to be constantly fulfilling and exceeding the requirements and expectations of the beneficiaries.
2.51-3.50	Moderately Effective / Katamtamang Mabisa	The program is deemed to provide reasonable for the needs of beneficiaries although there are opportunities for improvement.
1.51-2.50	Slightly Effective / Bahagyang Mabisa	The program is somewhat beneficial yet has marked areas that should be improved.
1.00-1.50	Not at all Effective / Hindi Mabisa	The program is considered as having little success in addressing beneficiaries' needs.

Part III. Challenges Encountered — This section has pointed to the problems encountered by walk-in clients in using and obtaining the medical assistance services of SPAO. The frequency of these problems was judged by participants on a four-point scale as follows:

Table 2**.** Scale for Challenges Encountered

Scale / Sukatan	Verbal Interpretation	Description
3.51-4.00	Always / Palagi	Beneficiaries face this challenge repeatedly when they try to use services.
2.51-3.50	Often / Madalas	The challenge is encountered frequently during the service process.
1.51-2.50	Rarely / Bihira	The challenge is encountered occasionally but is not a common experience.
1.00-1.50	Never / Hindi Kailanman	The challenge is generally not encountered by beneficiaries.

The instrument was developed in English and Filipino for the purpose of making it clear and accessible to all the recipients. The questionnaire was validated by the SPAO authorities and field

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

specialists to determine its relevance, clarity and to correspond with the study aims before to distribution. To assess the internal consistency of the survey instrument, Cronbach's Alpha was computed using SPSS.

Validation

Expert Validation **–** The first draft of the questionnaire was given a review by the researcher's thesis adviser, thesis panelists and the SPAO Director. Each item was evaluated for clarity, relevance to the research aims and appropriateness for measuring the target variables. Recommendations of the experts were adopted with necessary modifications. Thru this validation procedure, the final version of the survey questionnaire was certified to have content validity, which ensures that accurate and reliable data may be produced for the quantitative evaluation of the success of the SPAO Medical Assistance Program.

Reliability Testing **–** Cronbach's Alpha was used to test the internal consistency of survey instrument using SPSS. The reliability coefficients for each dimension are presented in Table 3.

Table 3. *Cronbach's Alpha Reliability Coefficients*

Variables Tested	Cronbach's Alpha	Interpretation
Accessibility	.954	Excellent
Responsiveness	.915	Excellent
Accountability	.949	Excellent
Transparency	.952	Excellent
Efficiency	.940	Excellent
Participation	.968	Excellent
Overall Satisfaction	.950	Excellent
Effectiveness (Overall)	**.978**	**Excellent**
Accessibility (Challenges)	.941	Excellent
Responsiveness (Challenges)	.879	Good
Accountability (Challenges)	.956	Excellent
Transparency (Challenges)	.743	Acceptable
Efficiency (Challenges)	.924	Excellent
Participation (Challenges)	.848	Good
Challenges (Overall)	**.966**	**Excellent**

Legend: $\alpha \geq 0.9$ *= Excellent;* $0.9 > \alpha \geq 0.8$ *= Good;* $0.8 > \alpha \geq 0.7$ *= Acceptable;* $0.7 > \alpha \geq 0.6$ *= Questionable;* $0.6 > \alpha \geq 0.5$ *= Poor;* $0.5 > \alpha$ *= Unacceptable.*

As presented in Table 3, the Cronbach's Alpha values ranged from 0.743 (acceptable) to 0.968 (excellent), with most dimensions being >0.90, suggesting good to excellent internal consistency of all subscales. The overall reliability coefficient for Part II (Program Effectiveness) was 0.978, while Part III (Challenges Encountered) yielded 0.966—both interpreted as excellent. These results exceed the widely accepted threshold of 0.70 recommended by Field (2018) and Pallant (2020), confirming that the four-point

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

scale items within each dimension measured their intended constructs with a high degree of consistency. The strong reliability coefficients support the dependability of the findings presented in Chapter 4.

Data Gathering Procedure

Coordination with SPAO – A request for permission to carry out the study was made to SPAO and approved. According to the research protocol, structured survey questionnaires were distributed individually by the researcher to walk-in medical assistance clients present at SPAO during the data collection period who were prepared to participate. To reduce selection bias, time-block randomization was utilized throughout the data collection process. Data gathering occurred during randomly designated morning (8:00 AM–12:00 PM) and afternoon (1:00 PM–5:00 PM) intervals on several weekdays across the two-month data collecting duration. Qualified walk-in participants who attended SPAO during the designated time frames were solicited to engage until the desired sample size was attained. This method guaranteed that participants reflected various client flow trends and service durations.

Collection of Responses – Beneficiaries had plenty of time to fill out the questionnaire, after which the corresponding forms were obtained immediately by the researcher.

Data Analysis

To analyze the data gathered from the respondents, the following statistical tools were employed:

1. Frequency Count and Percentage

Frequency count and percentage were used to describe the demographic profile of the beneficiaries in terms of sex, age, civil status, educational attainment, employment status, and monthly income. These descriptive statistics provided a summary of the respondents' characteristics and showed the distribution of participants across the different demographic categories.

The percentage was computed using the formula:

$$\text{Percentage} = \frac{f}{N} \times 100$$

Where:

- **f** = frequency of responses
- **N** = total number of respondents

2. Mean

The mean was utilized to determine the beneficiaries' level of perception regarding the effectiveness of the program based on the dimensions of accessibility, responsiveness, accountability, transparency, efficiency, and participation. The mean provided the average rating for each indicator and served as the basis for interpreting respondents' perceptions of program effectiveness.

The formula for the mean is:

$$X = \frac{X}{N}$$

Where:

- X= mean score
- X= sum of all scores
- N= number of respondents

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

3. *Variance*

Variance was computed to measure the degree of dispersion or variability of responses from the mean. It helped determine the consistency of beneficiaries' perceptions regarding the effectiveness indicators.

4. One-Way Analysis of Variance (ANOVA)

To determine whether a significant difference existed between the demographic profile of beneficiaries and their perception of the program's effectiveness, a *One-Way Analysis of Variance (ANOVA)* was employed.

ANOVA is an inferential statistical tool used to compare the means of multiple groups and determine whether observed differences are statistically significant. In this study, ANOVA assessed whether variations in beneficiaries' demographic characteristics were associated with significant differences in their perceptions of the program's effectiveness.

The decision rule was based on a 0.05 level of significance:

- If the p-value is less than or equal to 0.05, the null hypothesis is rejected, indicating a significant difference.
- If the p-value is greater than 0.05, the null hypothesis is not rejected, indicating no significant difference.

The study utilized frequency count and percentage to describe the demographic profile of the respondents. Mean and variance were employed to determine the level and consistency of beneficiaries' perceptions regarding the effectiveness of the program in terms of accessibility, responsiveness, accountability, transparency, efficiency, and participation. To test whether significant differences existed between the demographic characteristics of beneficiaries and their perceptions of program effectiveness, a One-Way Analysis of Variance (ANOVA) was used at the 0.05 level of significance. ANOVA was deemed appropriate because it examines differences among group means and determines whether such differences are statistically significant. The findings served as the basis for accepting or rejecting the null hypothesis of the study.

Ethical Considerations

The study has been consistent with established ethical standards of research. Prior to giving questionnaires to target respondents, an informed consent form was given to the participants which contains a brief explanation of the study objectives and provided informed consent to participate, signing the consent forms means they agree to participate in the data collection. It was also explained that they can withdraw from the study anytime they feel they are uncomfortable answering the survey without any consequences. The respondents were assured that no participant’s name was gathered and revealed in this study, and responses were coded for the purpose of privacy. All responses were compiled and generalized for discussion.

RESULTS AND DISCUSSION

Demographic Profile of Walk-in Beneficiaries

This part of the study presents the demographic profile of the walk-in beneficiaries of the SPAO Medical Assistance Program in terms of sex, age, civil status, educational attainment, employment status, and monthly income bracket.

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

Table 4. *Gender Distribution of the Beneficiaries of the SPAO Medical Assistance Program*

Sex	f	%
Male	139	37.47
Female	229	61.72
LGBTQ+ / Non-binary / Others	2	0.54
No response	1	0.27
Total	**371**	**100.00**

Table 4 shows a distribution of beneficiaries along gender lines, where 229 (61.72%) are female and 139 (37.47%) are male. Only two (0.54%) were LGBTQ+/Non-binary/Others, and one (0.27%) did not respond. Disparities in perceptions related to gender may stem from differences in roles, obligations, and experiences encountered throughout program involvement. Certain program elements may be interpreted variably based on the distinct requirements and anticipations of male and female recipients.

Biological distinctions between women and men may lead to varying health risks and requirements. Beyond biological determinants, individuals also vary in their social roles and responsibilities (gender), which may influence disparities in health status and behaviors, along with access to and utilization of healthcare services (WHO, 2021).

Female beneficiaries predominate, which is consistent with the common health-seeking behavior in the Philippines where women frequently serve as primary caregivers and are more likely to seek medical treatment for their families (Bernal-Sundiang et al., 2023). This trend also correlates to the enhanced utilization of health services in women that Ong et al. (2022) observed among participating members of PhilHealth, the national health insurance system in the country. Habon et al. (2023) found similarly high predominance of caregiving-age users among the beneficiaries of Malasakit Center. The fact that it is gendered reflects the program needs to be sensitive to gender and not disadvantageous for any beneficiaries by the citizen-centered governance according to the citizen-centred approach of good governance which emphasizes equality of treatment among different demographics (Sharma, 2017).

Gender may interplay to influence disparities in morbidity and death rates between males and females. Identifying such disparities is a crucial concern for health policy developers when formulating programs for the delivery of healthcare services to the entire population.

Table 5. *Age Distribution of the Beneficiaries*

Age	f	%
19 below	3	0.81
20–29	48	12.94
30–39	73	19.68
40–49	130	35.03
50–59	68	18.33
60 above	48	12.94
No response	1	0.27
Total	**371**	**100.00**

According to the age profile shown in Table 5, the target group in size for the benefit was the 40–49 bracket (130, 35.03%), for those 30–39 (73, 19.68%) and the 50–59 (68, 18.33%). The age of the individuals often determines the priorities and expectations associated with the program; younger

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

beneficiaries may concentrate on opportunities for skill acquisition, innovation and employment, while older beneficiaries are more likely to stress stability, social support and the availability of services. The program is considered to be effective depending on these different priorities.

The beneficiaries who were aged 20 to 29 and those aged over 60 accounted for 12.94% each. Three beneficiaries, representing 0.81% of the total sample were under 19 years old. According to Wong et al. (2022), the age group 40 to 49 involves chronic health cases and many family health needs which corresponds with Ong et al. (2022) findings that middle-aged Filipino people benefit from government healthcare programs, and with Habon et al. (2023), who noted that most patients accessing Malasakit Center services at the Amang Rodriguez Memorial Medical Center were within the working-age population. This grouping at productive and caregiving age also suggests that households faced with medical expenses during these years are often financially vulnerable (Perandos-Astudillo et al., 2023) as well as aligns with Bernal-Sundiang et al. (2023) in noting the increased health burden of the working age population especially in relation to the Philippines.

Table 6. *Marital Status Distribution of the Beneficiaries*

Civil Status	f	%
Single	139	37.47
Married	199	53.64
Widowed	13	3.50
Separated	12	3.23
Others	8	2.16
Total	**371**	**100.00**

Table 6 shows the marital status of beneficiaries. Majority of the beneficiaries were married (199, 53.64%) and single status (139, 37.47%). 3.50% and 3.23% were widowed and separated participants respectively, while eight (2.16%) indicated other civil status categories. Married is the most common form of beneficiary, illustrating the difficulty families confront in making payments for health care when numerous household individuals are included.

Similar demographic tendencies are evident among Malasakit Center beneficiary populations, where married persons with family obligations were more likely to seek medical treatment from the government (Santiago et al., 2021). Data illustrate the SPAO program addresses a serious problem for families where one illness can have a substantial effect on the entire household (Perandos-Astudillo et al., 2023). This is consistent with the office mandate to provide assistance to destitute patients who lack financial resources (Villarica, 2022) and Kruk et al. (2018) who argue that health systems should be intended to protect the poorest households from the economic cost of disease. The effectiveness of the program may be viewed differently by people in different family situations. Married beneficiaries or with dependents may be inclined toward family welfare and long-term benefits whereas single beneficiaries could be considering effectiveness in terms of individual benefits and possibilities.

Marital status markedly affects the recognition and use of healthcare assistance initiatives. Married persons frequently gain from social and economic assistance, fostering favorable health-seeking practices and improved health results. Individuals who are widowed or separated may face heightened susceptibility and depend more on healthcare services owing to insufficient familial support and economic challenges. In general, this is a significant social determinant influencing healthcare access and health administration.

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

Table 7. *Educational Attainment of the Beneficiaries*

Educational Attainment	f	%
Elementary	14	3.77
High School	139	37.47
Vocational/Associate Degree	54	14.56
College Graduate	145	39.08
Postgraduate	12	3.23
None	1	0.27
Others	6	1.62
Total	**371**	**100.00**

Table 7 shows the educational level of the recipients, indicating a considerable gap, where college graduates are 145 (39.08%) and high school graduates 139 (37.47%). 42 had just primary education, 3.23% (12) had postgraduate degrees, 14.56% (54) held vocational or associate degrees, and 11.64% (42) had only elementary education. The variation in education is a positive sign of accessibility, as it demonstrates that SPAO's medical assistance program offers information and is responsive to the needs of users with varying levels of literacy (OECD, 2015). Academic history can significantly impact the comprehension of program goals, approaches, and advantages. People with higher educational attainment are likely to take a more analytical view in evaluating the implementation methods and consequences, whereas people with lower educational attainment may emphasize the immediate benefits gained.

Suiter and Meadows (2023) assert that educational achievement is a vital social factor of health. They highlighted that those with advanced education were more inclined to have superior health literacy, allowing them to comprehend health information more effectively, maneuver thru healthcare systems, and utilize available programs like the SPAO.

The level of education was related to patients' assessment of service quality in Philippine hospitals (Orte et al., 2020), which highlights the need for effective communication at the educational levels. This is in line with Andrews et al.'s (2017) view of building state capability as designing, implementing and distributing what needs to be done in a way that is accessible to all citizens, regardless of their education level, stressing the transparency concept of clarity and access (Fox, 2016). The results proved that the SPAO instructive materials (English and Filipino) are efficient in attracting the recipients regardless of their educational attainment.

Table 8. *Employment Status of the Beneficiaries*

Employment Status	f	%
Employed	97	26.15
Self-employed	40	10.78
Unemployed	206	55.53
Retired	12	3.23
Others	12	3.23
No response	4	1.08
Total	**371**	**100.00**

The employment profile of the beneficiaries as presented in Table 8 indicates that more than half (206, 55.53%) were unemployed, followed by the employed (97, 26.15%) and the self-employed (40,

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

10.78%). Retirement recipients and other employment groups, each, 12 (3.23%) The significant number of unemployed clients may reflect that the medical assistance program is targeted to the low-income population that does not have the resources to meet their medical needs. The importance and practicality of program services are affected by employment situations. Individuals who are working, unemployed, self-employed, or underemployed may possess diverse requirements and anticipations, resulting in discrepancies in their evaluation of efficacy. In keeping with SPAO's mandate of assisting indigent patients (Villarica, 2022), this finding is consistent with the broader literature on the financial vulnerability of health care consumers in the Philippines (Perandos-Astudillo et al., 2023). Tangcharoensathien et al. (2020) observed that the Universal Health Coverage scheme had the most significant effect on populations in Thailand with minimal employment-based insurance, mirroring the important role that publicly funded medical assistance plays for the unemployed and underemployed. This strengthens the argument of Kruk et al. (2018), that health systems capable of truly delivering health care should prioritize the poorest and most economically insecure populations.

The importance of employment status and the accompanying data are corroborated by Silver et al. (2021), who emphasized employment as a vital health equality concern. The incidence of avoiding medical consultations was significantly elevated among those who were temporarily unemployed or involved in short-term jobs. Notably, self-employed persons exhibited a significantly lower likelihood of indicating that financial constraints prevented them from accessing medical care. Simultaneously, despite numerous individuals lacking employment possessing healthcare insurance and a primary care physician, a considerable portion still said that they were unable to purchase health services. This underscores the intricate connection among job status, healthcare accessibility, and financial obstacles, emphasizing the necessity for specialized health and social assistance for at-risk employment demographics.

The employment statistics indicate a significant unemployment rate among participants, underscoring economic volatility and its possible health consequences. Full-time, self-employment, and part-time positions reflect different degrees of worker engagement, although numerous individuals depend on precarious occupations devoid of health insurance. These circumstances heighten susceptibility to unaddressed health concerns. According to Silver et al. (2021), employment serves as a crucial determinant of health equality, with transient unemployment and precarious employment associated with diminished access to healthcare. This highlighted the necessity for focused initiatives that cater to both job opportunities and health assistance for vulnerable populations.

Table 9. *Monthly Income Distribution of the Beneficiaries*

Monthly Income	f	%
Below ₱10,000	198	53.37
₱10,001–₱20,000	85	22.91
₱20,001–₱30,000	22	5.93
₱30,001–₱40,000	6	1.62
₱40,001–₱50,000	1	0.27
Above ₱50,000	0	0.00
No response	59	15.90
Total	**371**	**100.00**

The Monthly Income distribution of the beneficiaries as shown in Table 9 shows that, over half (198, 53.37%) earned below ₱10,000, whereas the other 85 (22.91%) earned between ₱10,001 and ₱20,000. Only 29 (7.82%) earned above ₱20,000, and none reported income above ₱50,000. Fifty-nine (15.90%) did not report their income. These data are consistent with the program mainly benefiting low-income

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

households—the demographic that is its primary focus, namely indigent or financially constrained patients. Income brackets affect economic requirements and reliance on programs. Individuals with diminished financial resources may prioritize the services and aid offered by the program, as this assistance immediately alleviates their economic limitations. Conversely, recipients with higher incomes could assess effectiveness using more expansive criteria including quality, sustainability, and long-term effects. Santiago et al. (2021) noted a similar profile among Malasakit Center beneficiaries, who are usually low-income, and Kruk et al. (2018) argued that health systems must be prioritized for the poorest populations. The high proportion of beneficiaries earning less than ₱10,000 implies successful access to the economically deprived segments to which the program was meant to target, which is in line with SPAO's indigent-assistance mandate (Villarica, 2022) and with the well-documented financial precarity of Filipino health-care consumers (Perandos-Astudillo et al., 2023).

The 15.90% non-response rate for monthly income may be attributed to the high proportion of unemployed beneficiaries in the sample. Since the survey asked beneficiaries to select their "monthly income bracket," those without employment—who comprised 55.53% of the total—may have found this question inapplicable or difficult to answer. This pattern is consistent with the sensitivity of financial disclosure among low-income and indigent populations, where income-related questions may be perceived as irrelevant to their situation (Ong et al., 2022). This finding is significant because monthly income was one of the few demographic variables that yielded statistically significant difference with perceived effectiveness.

Perceived Effectiveness of the Program

This part of the study presents the beneficiaries' assessment of the effectiveness of SPAO's Medical Assistance Program in terms of accessibility, responsiveness, accountability, transparency, efficiency, and participation, which are the six citizen-centered governance dimensions, together with an overall satisfaction measure. The weighted means were interpreted using the following scale: 3.51–4.00 = Highly Effective; 2.51–3.50 = Moderately Effective; 1.51–2.50 = Slightly Effective; and 1.00–1.50 = Not at all Effective.

Table 10. *Summary of the Perceived Effectiveness of the SPAO Medical Assistance Program by Citizen-Centered Governance Dimension*

Dimension	Indicator	Mean	Verbal Interpretation
Accessibility	Office is physically accessible and convenient to reach	3.78	Highly Effective
	Information on requirements and procedures is clear and easy to find	3.83	Highly Effective
	Program is inclusive of all beneficiaries regardless of background	3.83	Highly Effective
	Overall – Accessibility	**3.82**	**Highly Effective**
Responsiveness	Staff respond promptly to inquiries and concerns	3.86	Highly Effective
	Clients are entertained on a first-come, first-served basis	3.84	Highly Effective
	Overall – Responsiveness	**3.85**	**Highly Effective**
Accountability	Staff handle transactions honestly and ethically	3.87	Highly Effective
	Complaints or concerns are taken seriously and addressed	3.81	Highly Effective
	Resources are distributed fairly to eligible clients	3.79	Highly Effective
	Overall – Accountability	**3.82**	**Highly Effective**

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

Transparency	Requirements for availing assistance are clearly explained	3.86	Highly Effective
	Evaluation and approval process are fair and consistent	3.83	Highly Effective
	Beneficiaries are adequately informed about application outcomes	3.79	Highly Effective
	Overall – Transparency	**3.83**	**Highly Effective**
Efficiency	Process for availing assistance is straightforward and minimizes delays	3.73	Highly Effective
	Coordination with hospitals and partner agencies is effective	3.78	Highly Effective
	Service delivery avoids unnecessary bureaucracy	3.77	Highly Effective
	Overall – Efficiency	**3.76**	**Highly Effective**
Participation	Beneficiaries are encouraged to provide feedback	3.79	Highly Effective
	Suggestions are considered for service improvement	3.79	Highly Effective
	Opportunities for dialogue or consultation are provided	3.75	Highly Effective
	Overall – Participation	**3.78**	**Highly Effective**
Overall Satisfaction	Quality of service provided by SPAO is satisfactory	3.83	Highly Effective
	Program is worth recommending to others in need	3.83	Highly Effective
	Overall – Overall Satisfaction	**3.83**	**Highly Effective**
OVERALL		**3.81**	**Highly Effective**

Legend: 3.51–4.00 = Highly Effective; 2.51–3.50 = Moderately Effective; 1.51–2.50 = Slightly Effective; 1.00–1.50 = Not at all Effective.

The summary of the perceived effectiveness of the program presented in Table 10 yielded an overall weighted mean of 3.81, interpreted as Highly Effective. Responsiveness scored the highest (3.85), followed by transparency and overall satisfaction (both 3.83), accountability and accessibility (both 3.82), participation (3.78), and efficiency (3.76). The weighted means were interpreted using the scale in Table 1. The weighted mean interpretation of 3.51 to 4.00 is Highly Effective. This implies that the beneficiaries generally consider the Medical Assistance Program as always meeting their requirements and expectations.

Although every dimension fell within the Highly Effective band, a quantitative reading requires looking beyond the favorable averages to the relative position of each indicator, since the verbal bands carry analytical weight: the consistently high but not perfect ratings still reveal where the program is strongest and where modest gaps remain.

In terms of accessibility (3.82), the inclusiveness of the program and the clarity of information both scored 3.83, while the physical accessibility of the office scored 3.78. No beneficiary rated the program's inclusiveness negatively. This conforms to the citizen-centered governance principle that public services should be open to all regardless of socio-economic or geographic background (World Bank, 2013; OECD, 2015), and mirrors the one-stop-shop model of Malasakit Centers, where Santiago et al. (2021) found that service consolidation reduced documentary burden and improved access. Ali (2018) similarly showed that one-stop citizen service centers achieve gains in accessibility and satisfaction.

Responsiveness recorded the highest mean (3.85). Prompt staff response was rated 3.86 and first-come, first-served service 3.84, with the overwhelming majority of beneficiaries strongly agreeing that staff respond promptly. Responsiveness is a critical element of citizen-centered governance that affects trust and satisfaction (Denhardt & Denhardt, 2017; Poister, 2015). Habon et al. (2023) reported similarly high

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

satisfaction with Malasakit Center responsiveness, and Dela Cruz and Reyes (2021) found that the speed of processing and attention of staff were salient factors in provincial hospital assistance program satisfaction.

Accountability (3.82) was led by the honest and ethical handling of transactions (3.87)—the highest single item in the survey—followed by the proper handling of complaints (3.81) and the fair distribution of resources (3.79). This is consistent with Bovens' (2016) view that accountability rests not only on oversight but also on a culture of ethical service, and with Gabriel and Castillo (2020), who found that accountability in Philippine LGUs is strengthened by genuine citizen engagement. The World Bank (2017) likewise emphasized that citizen trust is built through consistent, ethical interactions.

Transparency (3.83) was highest for the clear explanation of requirements (3.86), followed by the fairness of the evaluation process (3.83) and the adequacy of information on application outcomes (3.79). The slightly lower score for outcome information indicates a small area for improvement. The results affirm openness as a basic tenet of citizen-centered governance (Fox, 2016; Hood, 2016). Lagarde and Martizo (2023) noted that limited awareness of requirements was a difficulty in Sorsogon's Malasakit Center, so SPAO's higher transparency represents a distinct advantage.

Efficiency obtained the lowest mean (3.76), though still Highly Effective. The straightforwardness of the process scored 3.73—the lowest single item—while coordination with hospitals scored 3.78 and avoidance of bureaucracy 3.77. This aligns with observations that efficiency is the most difficult dimension to optimize because it involves coordination across agencies (Pollitt & Bouckaert, 2017; United Nations, 2022). Gupta and Maurya (2020) found that the convenience of service-delivery facilities influences continued citizen engagement, and Bautista et al. (2019) noted that integrating medical aid into welfare offices improved efficiency but still required refinement.

Participation (3.78) showed scores of 3.79 for encouraging feedback and considering suggestions, and 3.75 for opportunities for dialogue—the lowest in this dimension. Participation is central to the New Public Service framework (Denhardt & Denhardt, 2017). Kurkela et al. (2024) found that strong citizen engagement requires deliberate organizational structures, Bovaird and Loeffler (2016) showed that co-production improves service relevance, and Piatak and Mohr (2024) demonstrated that public values such as equity shape citizens' service-delivery preferences. Research conducted by Chapman et al. (2020) determined that involving stakeholders at every level, including healthcare professionals and policymakers, using efficient dissemination methods could improve the uptake of essential medical interventions. Barangay officials and community health workers are pivotal in this endeavor by organizing outreach initiatives like as community gatherings and health seminars to disseminate information. Engaging community leaders and healthcare professionals in disseminating precise information might enhance awareness and motivate a greater number of individuals to seek medical support.

Finally, overall satisfaction (3.83) was equally high for service quality (3.83) and willingness to recommend the program (3.83). These results align with Public Value Theory, which holds that program effectiveness should be judged by the value created for citizens (Moore, 2015; Bryson et al., 2017), and with Osborne et al. (2015), who argued that citizen experience should be the ultimate measure of service quality. Collectively, the narrow spread between the highest and lowest dimensions (3.85 vs. 3.76, a difference of only 0.09) suggests a well-rounded, uniformly positive service experience, whilst the comparatively low efficiency and participation scores reflect the specific points where the proposed action plan can yield the greatest improvement.

Significant Difference Between Demographic Profile and Perceived Effectiveness of the Beneficiaries

This phase of study tested the significant difference between demographic profile of the beneficiaries and perception of effectiveness of the program. The null hypothesis was defined as there is no

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

significant difference between demographic profile of the beneficiaries and what they rated the effectiveness of the program.

Table 11. *Summary of the Test of Difference Between Demographic Profile and Perceived Effectiveness*

Groups	Mean	Variance	Decision on H0	Verbal Interpretation
Sex	1.628726	0.244933		
Age	3.95664	1.487245		
Civil Status	1.800539	0.716865		
Educational Attainment	3.075676	1.327591		
Employment Status	2.456284	1.03781		
Monthly Income	1.483974	0.546366		
E-Accessibility-Convenience	3.788618	0.216066	Rejected	Statistically significant
E-Accessibility-Clear	3.834688	0.170967	Rejected	Statistically significant
E-Accessibility-Inclusive	3.831522	0.140475	Rejected	Statistically significant
E-Responsiveness-Prompt	3.859459	0.126536	Rejected	Statistically significant
E-Responsiveness-Entertain	3.835165	0.171102	Rejected	Statistically significant
E-Accountability-ethical	3.869565	0.113731	Rejected	Statistically significant
E-Accountability-proper	3.807588	0.182986	Rejected	Statistically significant
E-Accountability-fair	3.79235	0.203339	Rejected	Statistically significant
E-Transparency-Clear	3.862534	0.129701	Rejected	Statistically significant
E-Transparency-Fair	3.833333	0.155708	Rejected	Statistically significant
E-Transparency-Adequate	3.790191	0.199029	Rejected	Statistically significant
E-Efficiency-Straightforward	3.735695	0.260553	Rejected	Statistically significant
E-Efficiency-coordinated	3.780822	0.210071	Rejected	Statistically significant
E-Efficiency-avoids necessary bureaucracy	3.769022	0.210809	Rejected	Statistically significant
E-Participation-Feedback	3.79564	0.17397	Rejected	Statistically significant
E-Participation-Suggestions	3.796196	0.184509	Rejected	Statistically significant
E-Participation-Consultations	3.754098	0.246216	Rejected	Statistically significant
E-Participation-Overall Satisfaction	3.836066	0.148394	Rejected	Statistically significant
E-Worth Recommending	3.836957	0.142282		

ANOVA

Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	4856.473	24	202.353	579.611703	0	1.518492732
Within Groups	3181.864	9114	0.349118			
Total	**8038.337**	**9138**				

The results of the test of difference were presented in Table 11. The ANOVA results revealed the following:

- F-value = 579.612
- F critical = 1.518

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

- p-value = 0.001
- Level of significance (α) = 0.05

Since the computed F-value (579.612) is substantially greater than the critical value (1.518) and the p-value (0.001) is less than the significance level of 0.05, the null hypothesis is rejected.

This means that a statistically significant disparity exists between the demographic characteristics of beneficiaries and their assessment of the program's efficacy. The results indicate that there were statistically significant differences in selected demographic-effectiveness comparisons. However, most demographic-effectiveness comparisons did not reach the 0.05 level of significance. This suggests that demographic elements significantly influence how recipients assess the quality and efficacy of program execution. The ANOVA findings indicate that the differences seen among the demographic categories are not attributable to mere randomness. Beneficiaries from diverse backgrounds possess unique experiences, anticipations, and requirements that shape their evaluation of the program's efficacy. As a result, views on efficacy vary among all participants.

This outcome corresponds with research that has consistently demonstrated that demographic factors (such as race, ethnicity, and gender) and socioeconomic factors (including insurance type, educational attainment, and poverty status) significantly influence disparities in health care access and utilization, ultimately resulting in substantial variations in life expectancy among different subpopulations (Eberly et al., 2021; Qi et al., 2023).

Demographic status, such as age, plays a pivotal role in determining the likelihood of utilizing social welfare programs. The study by Jamila et al. (2023) specifically noted that middle-aged groups (41–60 years) are more prone to experiencing health challenges during critical life transitions, which often drive them to seek medical assistance. This demographic group, particularly women, faces a higher risk of health-related issues, making them more reliant on healthcare programs like Assistance to Individuals in Crisis Situation (AICS). This implied that middle-aged adults often experience challenging life transitions in their middle years, especially when it comes to their health. Age was not the only factor; education also mattered significantly for health literacy and the capacity to navigate health care systems. Suiter and Meadows (2023) evaluated the educational level and circumstances as social determinants of health. They emphasized the role of education in influencing health outcomes thru increased health literacy, socioeconomic possibilities, and access to resources. Their research found that people with more education may better interpret and use the healthcare system, resulting in increased access to needed services. This link is important to the study of medical aid, as low education might be an obstacle to the awareness and use of programs like the SPAO.

Another important aspect which influences the use of medical help programs is the economic situation. Chen et al., (2023) observed that medical financial assistance (MFA) has alleviated the inequality of healthcare use to a certain degree by enhancing access to healthcare for low-income persons. However, even if they are covered by medical financial assistance, those with low income still have a substantial medical financial burden.

Policymakers should pay attention to raise the standard of medical financial assistance in rural areas and give bigger subsidies for the reasonable medical expenses of low-income people. This problem was also investigated by Johnson et al., (2021) by evaluating how the impact of later life shocks on economic wellbeing is anticipated to differ according to financial position. People who did not earn much over their lives are presumably more likely to endure economic difficulties when they develop health problems, or get widowed or divorced, because they generally have little wealth. However, for those with the smallest lifetime earnings, the effects may be less obvious, since they are more likely to have suffered difficulty prior to shocks to disability, health or marital status.

Also, the World Health Organization asserts that an individual's health is influenced by personal traits and actions, the physical surroundings, and socioeconomic factors (WHO, 2017). Individuals' unique traits encompass their biological and genetic makeup, including hereditary ailments and disorders

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

necessitating medical attention. The incidence of these illnesses varies according to sex, age, race & ethnicity, work position, and additional factors. Physical surroundings might influence health due to contaminants or various environmental health risks. Personal habits, including smoking, insufficient physical activity, and excessive eating, contribute to health issues that necessitate medical attention (ODPHP, 2017). Recent focus on social determinants of health, including education, economic stability, community safety, and access to sufficient housing and nutritious food, has demonstrated a correlation with healthier populations (ODPHP, 2017).

Challenges Encountered by Walk-in Beneficiaries

This part of the study presents the frequency of challenges encountered by the walk-in beneficiaries across the six dimensions. The means were interpreted as follows: 1.00–1.5 = Never; 1.51–2.5 = Rarely; 2.51–3.5 = Often; and 3.51–4.00 = Always.

Table 12. *Summary of the Challenges Encountered by the Beneficiaries*

Dimension	Indicator	Mean	Verbal Interpretation
Accessibility	Long waiting time at the office before being assisted	1.53	Rarely
	Overcrowding or limited space in the office	1.53	Rarely
	Inadequate facilities for senior citizens and persons with disabilities	1.48	Never
	Overall – Accessibility	**1.52**	**Rarely**
Responsiveness	Difficulty reaching staff through phone or other means	1.59	Rarely
	Lack of follow-up from SPAO on pending applications	1.59	Rarely
	Limited staff available during peak hours	1.38	Never
	Overall – Responsiveness	**1.52**	**Rarely**
Accountability	Inconsistent application of rules and procedures	1.39	Never
	Some clients feel they are treated unfairly compared to others	1.33	Never
	Overall – Accountability	**1.36**	**Never**
Transparency	Unclear or incomplete requirements	1.36	Never
	Difficulty understanding instructions or procedures	1.31	Never
	Lack of update on the status of applications	1.43	Never
	Overall – Transparency	**1.36**	**Never**
Efficiency	Long processing time or delays	1.45	Never
	Difficulty in claiming benefits at partner hospitals	1.46	Never
	Repeated submission of the same documents to the SPAO	1.40	Never
	Overall – Efficiency	**1.44**	**Never**
Participation	Beneficiaries are not always encouraged to give feedback	1.34	Never
	Feedback from clients is not always acted upon	1.36	Never
	Overall – Participation	**1.35**	**Never**
OVERALL		**1.42**	**Never**

Legend: 1.00–1.5 = Never; 1.51–2.5 = Rarely; 2.51–3.5 = Often; 3.51–4.00 = Always.

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

Table 12 summarizes the challenges faced by the beneficiaries, with an overall weighted mean in this category: 1.42, interpreted as Never. The scale presented in Table 2 was used to provide an interpretation of the frequency of obstacles faced by the beneficiaries. Means between 1.00 and 1.5 were interpreted as Never, suggesting that the indicated difficulty was generally not experienced by the beneficiaries.

Accessibility and responsiveness tied for the highest challenge scores at 1.52 each, while participation scored the lowest at 1.35. The appropriate question for a quantitative reading is why the challenges scores were still consistently within the Never category. The most likely hypothesis is that the program's in-person, single-window walk-in approach—catering to a defined population of 5,112 walk-in clients—removes much of the burden placed on larger—or more fragmented—government programs, which also explains why there were so few demographic variables statistically significantly associated with perceived effectiveness as compared with the previous section.

Within accessibility, long waiting time and overcrowding both scored 1.53, while inadequate facilities for senior citizens and PWDs scored 1.48; the consistently low values suggest that the walk-in service has successfully overcome the physical access barriers that Santiago et al. (2021) observed service integration can resolve in Malasakit Centers. Within responsiveness (1.52), difficulty reaching staff by phone and lack of follow-up on pending applications scored highest (1.59 each), indicating that while in-person responsiveness is strong, remote communication and post-application tracking are the relative weak points—echoing Dela Cruz and Reyes (2021), who cited follow-up mechanisms as key to sustaining beneficiary trust. These remote-channel gaps point directly to the value of strengthening the Senate Assist portal as a tracking and notification tool (United Nations, 2022).

Accountability (1.36) and transparency (1.36) recorded very low challenge scores, with difficulty understanding instructions the single lowest challenge item (1.31), affirming that SPAO's bilingual materials and staff explanations work across literacy levels (Bovens, 2016; Gabriel & Castillo, 2020). Efficiency (1.44) was the relatively highest non-accessibility challenge, mirroring its position as the lowest effectiveness dimension and reflecting the coordination demands noted by Bautista et al. (2019) and Gupta and Maurya (2020). Participation challenges were lowest (1.35), consistent with Kurkela et al. (2024) and Bovaird and Loeffler (2016) on the conditions for effective co-production. Such low challenges scores, in the context of the documentation difficulties experienced by Lagarde and Martizo in 2023, in Sorsogon's Malasakit Center lend support to this hypothesis implying that SPAO's walk-in delivery system is well facilitated by the target population.

The three outcomes taken together, are mutually reinforcing. The uniformity of effectiveness ratings, the negligible nature of demographic effects on perceived effectiveness, and the uniform low scores regarding the challenges led to a singular conclusion: that SPAO's Medical Assistance Program is perceived to be Highly Effective across a wide range of beneficiary groups, with small, income- and employment-linked differences taking place at the margins. This synthesis yields the empirical underpinning for a next chapter's action plan which seeks to address efficiency, participation, and transparency among those with higher income where the analysis determined a narrow, but potentially meaningful opportunity for the program.

Proposed Action Plan

In regard to these results, the following action plan will be recommended to strengthen the delivery and effectiveness of SPAO Medical Assistance Program. It is based on and organized in relation to the six citizen-centered governance dimensions, namely efficiency, participation, and transparency, where the analysis reflected a limited scope of growth within the program.

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

Table 13. *Proposed Action Plan for the SPAO Medical Assistance Program*

CCG Dimension	Objective	Strategy / Activity	Responsible Unit	Success Indicator
Accessibility	Sustain high accessibility and extend reach to mobility-limited beneficiaries	○ Maintain the walk-in channel while enhancing the Senate Assist portal for digital submission and inquiry. ○ Document checklist should be downloadable for easier access. ○ Frequently asked questions (FAQs) should be available in Filipino and English language. ○ Also, it is important to have an online inquiry feature so that people who have further questions regarding the services can coordinate with proper channels.	SPAO Director, IT Unit, Medical Assistance Service,	Accessibility mean maintained at ≥ 3.82; increased portal usage due to inquiries
Responsiveness	Improve remote reachability, communication channels and user follow-up	○ Establish SMS or email portal notifications to inform users regarding their application and other updates. ○ Create a dedicated follow-up channel wherein users can just follow-up their application with minimal requirement for verification. ○ Add staff at peak periods and designate a dedicated customer service representative (CSR) in specific areas of concerns.	Medical Assistance Service, IT Unit	Lower phone and follow-up challenge scores (< 1.59)
Accountability	Sustain ethical, fair service	○ Standardize complaint-handling, standardized responses to address grievances and written complaint procedures. ○ Conduct customer service training programs for personnel. ○ Prepare annual public accomplishment report to determine the best practices to resolve complaints from users.	SPAO Director, Human Resource Dept., Medical Assistance Service	Accountability mean maintained; documented complaint resolution

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

Transparency	Provide real-time, uniform information for all income groups	○ Publish processing timelines and enable application-status tracking via Senate Assist. ○ Develop printed and digital brochures and QR codes linking to new guidelines and processes, (if there are any)	SPAO; IT Unit, Public Information office	Improved transparency mean, especially among higher-income beneficiaries
Efficiency	Reduce processing time and complexity	○ Simplify documentary requirements, instructions should be plain and simple so that users can easily understand it. ○ Pre-screen applicants online before giving some advice to visit SPAO, this will decrease the number of visits with people who only have inquiries. ○ Strengthen hospital coordination through clear, standardized referral and verification process.	Medical Assistance Service	Efficiency mean raised above 3.76; reduced processing time
Participation	Strengthen engagement, especially of unemployed beneficiaries	○ Adopt post-service feedback forms in paper and in QR codes. ○ Put suggestion boxes in waiting areas. ○ Conduct consultative forums / FGDs with stakeholders	SPAO Director	Higher participation mean; increased feedback submissions

The suggested action plan is directly connected to the study's findings and the principles of Citizen-Centered Governance. The SPAO Medical Assistance Program was generally regarded as extremely effective across all six aspects, however the scores for efficiency, transparency and participation were somewhat lower. The proposed interventions, therefore, are to facilitate the reduction of processes, disseminate information, promote the engagement of beneficiaries, and improve the use of digital technology. The measures recommended are to maintain the current strengths of the program regarding accessibility, responsiveness and accountability, and to promote ongoing quality improvement thru quantitative performance indicators, regular monitoring and avenues for feedback for the beneficiaries.

Government-sponsored medical aid programs are designed to serve low income and vulnerable populations, although many qualified persons have difficulty accessing them. The limited reach is mostly owing to poor information dissemination and communication tactics. Frequently, crucial information on eligibility, application procedures, and specific benefits does not reach those who need it most and, therefore, is not utilized by target communities at high rates. Additionally, many individuals may not have access to credible sources of information or encounter challenges such as language, literacy, or internet access that make it difficult for them to learn about and take use of these critical services. Many locals turn

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

to informal networks for information, which could lead to disinformation or confusion about the help procedure. A major step to tackle these issues is to expand information campaigns and to develop robust collaborations with local leaders and to use community-based platforms for creating awareness.

The strategies and activities in this proposed action plan integrates the use of technology. Campado et al. (2023) emphasized the necessity of integrating technology to aid persons with special needs. The authors noted that while technology can be beneficial, more than 90% of those who could benefit from assistive technology (AT) do not have access to these devices. This is important in the setting of medical assistance as it highlights the crucial need to increase knowledge of the assistive technology services that are available, so that people with special needs and disabilities can obtain the tools they need to enhance the quality of their lives and education.

Enhancing the efficacy of healthcare aid initiatives is crucial for safeguarding the impoverished and most susceptible populations. The research results can assist in recognizing the problems that require attention and prioritization according to their effect on the beneficiaries' contentment. Furthermore, the research outcomes may offer a solution to the significant obstacles in service delivery. Thus, pursuing ongoing enhancement of program execution and prioritizing the delivery of high-quality services to fulfill the requirements of the beneficiaries can be achieved, consequently increasing beneficiary satisfaction.

The success of medical aid programs depends on effective communication techniques. Chapman et al. (2020). Active dissemination approaches, including personalized outreach and varied communication strategies, significantly boost the uptake of evidence-based practices in healthcare settings. Chapman et al. (2020) stated that effective dissemination methods and stakeholder engagement at all levels, including healthcare providers and policymakers, could boost the adoption of important medical therapies. Therefore, efficient information dissemination to ensure recipients are well-informed about the program is crucial for generating awareness about the SPAO medical assistance. The importance of this study highlights that active distribution tactics, such as targeted commercials and programs, can considerably enhance the application of healthcare practices.

CONCLUSION

The Medical Assistance Program by the Senate Public Assistance Office was perceived by the surveyed walk-in beneficiaries to effectively meet its intended beneficiaries—low-income, unemployed, female, and middle-aged walk-in individuals—accomplishing its purpose of helping indigent and financially constrained Filipinos. The demographic profile of the beneficiaries verifies that the program reaches the segments which require the most government medical assistance.

The program is based upon citizen-centered governance philosophy. Its consistently high ratings for accessibility, responsiveness, accountability, transparency, efficiency, and participation—together with an overall strong level of satisfaction—suggest that SPAO delivers a highly rated citizen-centered service among the surveyed walk-in beneficiaries. Although the program was generally perceived as highly effective across beneficiary groups, the inferential analysis showed statistically significant differences in selected demographic-effectiveness comparisons. Most comparisons, however, did not reach statistical significance, indicating that the program’s perceived effectiveness was generally consistent while some differences were evident in specific areas.

The only substantive outcomes—employment status with participation and monthly income with transparency, efficiency, and overall effectiveness—indicate only a limited but meaningful socio-economic impact, with the program eliciting the best response from the low-income citizens that were targeted through the initiative. Although the walk-in channel is still the primary and most efficient form of delivery, the Senate Assist digital portal must serve as a companion instead of a replacement to alleviate barriers to beneficiaries with less digital literacy or internet access.

The One-Way ANOVA findings indicated a statistically significant overall difference between the demographic characteristics of the beneficiaries and their perceived effectiveness of the SPAO Medical Assistance Program ($F = 579.612$, $p = 0.000 < 0.05$). Consequently, the null hypothesis was rejected. However, the individual comparisons showed that only selected demographic-effectiveness comparisons were statistically significant, while most comparisons did not reach the 0.05 level of significance. This finding suggests that beneficiaries generally perceived the program positively, although differences in perception were evident in selected demographic groups and effectiveness dimensions.

The suggested action plan will focus on maintaining the qualities of the program while also addressing specific areas for development. Focus might be on enhancing the efficiency of processing, boosting communication and follow-up systems, clarifying application requirements and ensuring access to beneficiaries. These strategies can further improve citizen-centered delivery of medical aid services.

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