

# **Medical Aid for Patients with Chronic Illnesses: A Case Study of Assistance to Individuals in Crisis Situation (AICS) Service in Cagayan de Oro City**

## **ABSTRACT**

The Medical Aid for Patients, as one of the types of assistance under Assistance to Individuals in Crisis Situation (AICS) received by the beneficiaries, as the leader in social protection, continuously implements the AICS services to support government efforts in providing aid to individuals and families seeking assistance. This is a stop-gap measure to support the recovery of individuals and families suffering from unexpected life events adversities or crises. This study explores the efficiency of medical assistance received by clients with chronic illness in Cagayan de Oro City using a qualitative case study design. A purposeful method was used to comprise the 15 participants who are active AICS beneficiaries and residents in Cagayan de Oro City. The data were collected using In-depth Interview (IDI), Focus Group Discussion (FGD), and Key Informant Interview (KII). The Hyper-RESEARCH software was utilized to help the researcher identify codes, categories, and themes. Based on the narratives of the participants, four themes emerged: *Necessity, Obtainability of Services, Responsive Services, and Saving Lives*. The AICS is not only a big help, but clients describe the service as an extension of their lives. It is, thus, recommended to strengthen the LGU's partnership and other stakeholders to sustain the efficiency of the implementation of the AICS services. Future research may consider the evaluation of the assistance to individuals in crisis services particularly the impact of Institutionalization Standard Operation or ISO accreditation on the efficiency of service in the Crisis Intervention Section in Cagayan de Oro City.

**Keywords:** *AICS, Beneficiaries, Medical Assistance*

## **INTRODUCTION**

Poverty significantly impacts health outcomes and access to healthcare. The World Bank (2014) emphasized that this relationship is multifaceted and involves financial and social elements. Financial constraints prevent the poor

from affording essential health necessities like quality food and healthcare. On the other hand, social constraints such as limited health-related information and a reduced ability to influence social services complicate the matter.

The National Health Council (2023) adds that poverty correlates with poor health outcomes and creates barriers to healthcare access. In areas of low income, challenges such as unreliable transportation and inadequate health insurance can hinder medical appointment attendance and contribute to the poor management of chronic conditions. In response to these challenges, Senator Sonny Angara has advocated for institutionalizing the Assistance to Individuals in Crisis Situations (AICS) services under the Department of Social Welfare and Development (DSWD). This program provides medical and other assistance and is crucial for many Filipinos. However, there is a complex and costly process required to access this government financial aid, including obtaining a certificate of indigency. An authorization letter and tax exemption for the patient's immediate family may suffice. However, it added a significant burden to those needing medical financial support.

Highlighting these challenges, the Commonwealth Fund (2023) discussed the difficulties faced by low-income patients in accessing healthcare, such as costly health insurance, and high out-of-pocket expenses for treatments and medications. These factors contribute to a vicious cycle where low-income individuals, more prone to health issues, also experience poor access to and quality of care. This situation, not only affects physical health but also exacerbates mental health problems, which are prevalent but often stigmatized and under-addressed in impoverished communities.

To address these issues, the Philippines has implemented legislation such as the Malasakit Centers Act (Republic Act No. 11463) and the Universal Healthcare Act (Republic Act No. 10606). The Malasakit Centers Act consolidates various medical and financial assistance services to enhance accessibility, while the Universal Healthcare Act introduces a mandatory healthcare scheme for all Filipinos. The AICS program, a critical element of DSWD's protective services, had assisted over 33,000 clients in 2023 in terms the annual medical clients which underscored the high demand for such services. and is mandated to deliver quality services. To address potential gaps and challenges, the department needs to strengthen its relationship with top management to ensure timely funding, which is crucial for the effective implementation of the AICS program.

The primary focus of this research is to assess the quality of medical assistance provided to individuals in crises. By exploring these aspects, the study aimed to offer critical insights that could significantly enhance the quality of medical assistance, thereby, improving patient outcomes and satisfaction in times of crisis. This research endeavored to evaluate the existing model and to inform more effective policy development for better healthcare provision in vulnerable sectors.

### ***Framework***

The experiences of beneficiaries seeking medical assistance from the Department of Social Welfare and Development's (DSWD's) Assistance to

Individuals in Crisis Situations (AICS) program can be effectively analyzed through the lenses of Crisis Intervention Theory (Caplan, 1960), Social Support Theory (Cohen and Wills, 1985) and Systems Theory (Bertalanffy, 1940). Crisis Intervention Theory underscores the necessity for immediate support and intervention during times of acute distress, which is fundamental to the AICS program. By providing timely financial and psychosocial assistance, AICS aims to alleviate the immediate burdens faced by individuals in crisis, such as medical emergencies or loss of income. This structured approach ensures that beneficiaries can access the support they require to navigate their crises effectively, allowing them to regain stability and address their pressing needs. In addition to Crisis Intervention Theory, Social Support Theory plays a crucial role in understanding the experiences of AICS beneficiaries. This theory highlights the importance of social networks and community resources in helping individuals cope with crises. The AICS program not only provides direct financial assistance but also connects beneficiaries with essential services and support systems, fostering a sense of community and belonging. This support is particularly vital for individuals facing the psychological and emotional challenges that often accompany crises, as it helps mitigate feelings of isolation and despair. Furthermore, Systems Theory offers a broader perspective by examining the interconnectedness of various social services and institutions involved in crisis response. The collaboration between DSWD and other agencies ensures that beneficiaries receive comprehensive support that addresses both their immediate needs and long-term recovery. This systemic approach allows for a more coordinated response to crises, enhancing the overall effectiveness of the AICS program and ensuring that beneficiaries have access to a wide range of resources. By utilizing these theoretical frameworks, the AICS program can better understand and enhance the experiences of beneficiaries. The interplay between immediate assistance, social support, and systemic collaboration is vital for addressing the diverse challenges faced by individuals in crisis. Ultimately, applying these theories not only improves the effectiveness of AICS services but also contributes to the overall well-being of beneficiaries, empowering them to navigate their crises with greater resilience and support.

### ***Ethical Consideration***

Upholding rigorous ethical standards would be paramount in any research involving human participants. This study carefully examined the intricate interplay between moral principles that guide ethical research. The ethical framework outlined by Amdur and Bankert (2011) informed the design and implementation of the research.

### **Respect for person**

First and foremost, participants' voluntary and fully informed consent was obtained through a transparent process. Detailed documentation outlining the study's exact purpose, methods, scope, risks, and benefits was provided

in advance. Participants had ample opportunities over multiple stages to seek further information, voice concerns, have their questions answered by the researcher, and withdraw from the study without any negative repercussions.

### **Beneficence**

Strict confidentiality protocols were implemented to protect participants' privacy. All personal data and responses were anonymized using secure encryption methods. Identifiable information was stored separately from research data, and access was heavily restricted to only the primary investigator and select research team members on a need-to-know basis. Participants were assigned a unique coded identifier to analyze the results.

Additionally, risks of any psychological, emotional, physical, social, or economic harm to participants were proactively assessed and minimized through careful design of research methodology and procedures. The well-being of participants was prioritized over research objectives. Options for pause, withdrawal, and access to support services were clearly emphasized throughout their participation and were reminded frequently of their right to decline to answer any questions that made them feel uncomfortable.

Before contacting any participants, formal ethical approvals were obtained from the Lourdes College Research Ethics Committee (LC-REC).

### **Justice**

Finally, integrity and transparency are fundamental while analyzing results and publishing findings. Influences of biases, conflicts of interest, and limitations were adequately disclosed between all stakeholders through open communication channels. Any report of a conflict of interest caught like helping clients seeking assistance with a personal interest in return would be referred to legal authority for appropriate actions. By taking a holistic approach to research ethics, this study ensured the protection of human participants and accuracy and accountability in advancing scientific knowledge.

### **Trustworthiness**

This study ensures the rigor and trustworthiness of findings by systematically addressing criteria on credibility, dependability, transferability, and confirmability, standards (Lincoln and Guba, 1985). Upholding credibility, transferability, confirmability, and dependability standards is imperative for ensuring the integrity and trustworthiness of findings in this qualitative investigation into the quality of medical assistance provided to at-risk individuals prone to crises (Connelly, 2016).

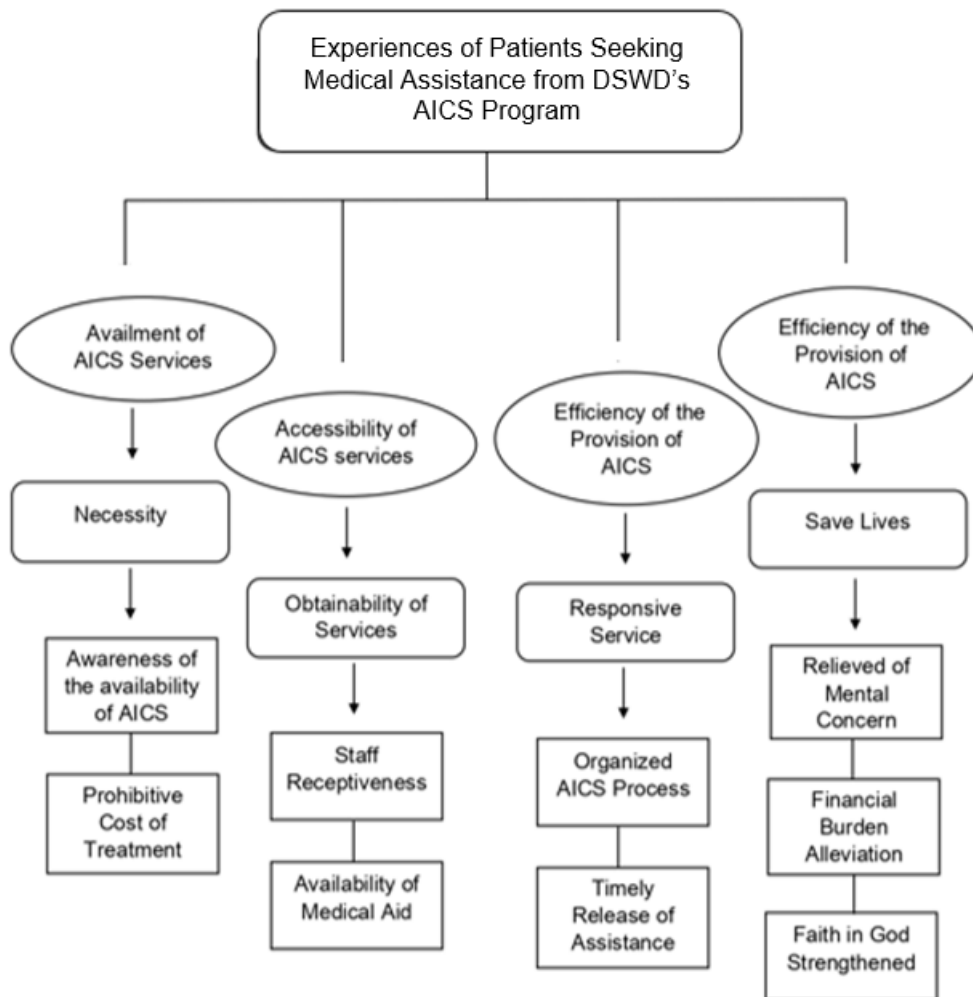
*Credibility* involves ensuring derived interpretations authentically represent the lived realities put forth by beneficiaries regarding crisis aid experiences (Korstjens & Moser, 2018). In the study, credibility was observed through member-checking procedures whereby summaries of insights from participant responses are reviewed and validated by respondents to confirm the credibility of meanings formulated (Birt et al., 2016). Prolonged engagement through in-depth interviews established sufficient rapport for obtaining textured descriptions. Triangulation via gathering data from separate sources like interviews, observations, and records to authenticate the consistency of conclusions also reinforced credibility.

*Transferability* requires extensive descriptions of specifics so readers can gauge fittingness for applying insights to other contexts (Connelly, 2016). Details on data characteristics, types of documents accessed, interview and coding techniques used, analytical procedures leveraged to develop categories and themes, salient contextual variables, and parameters influencing researcher-participant interactions were thoroughly documented.

*Confirmability* compels evidence that interpretations stem directly from response content rather than researcher biases (Given & Saumure, 2008). Detailed reflective commentary explicitly tracking assumptions, positions, and decisions affecting inquiry was maintained for audits. Raw data like recordings were meticulously documented and stored for retrieval to enable scrutiny of interpretations. Excerpts validating analytic outcomes were grounded in the actual narratives.

*Dependability* emphasizes upholding procedural coherence, standardization in data handling, and documentation coherence so process integrity can be authenticated through audits (Given & Saumure, 2008). Dependability was observed by employing protocols guiding interviews, coding and analysis, maintaining organized records, undertaking sound data stewardship practices, and detailing analytic mechanisms enabling assessment of replicability potential.

Figure 1. Map of Medical Aid for Patient with Chronic Illnesses: A Case Study of Assistance to Assistance to Individuals in Crisis Situation



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### **Objectives of the Study**

This study examines the efficiency and affectivity on the Medical Assistance received by the beneficiaries of Assistance to Individuals in Crisis Situation (AICS) in Cagayan de Oro City.

### **Methods**

The first method used of collecting data was to conduct a Focus Group Discussion (FGD) The aim was to gather the current issue on the provision of medical assistance and the challenges in handling clients with chronic illnesses, including the efficiency of the assistance.

In-depth interview (IDD) means that it is a qualitative method that involves a detailed and often semi-structured conversation with an individual or a small group or this is designed to gather information about the participant's thoughts, feelings, experiences, and behaviors regarding a specific topic. (Kvale & Brinkman, 2009) Key informants were typically selected based on their unique position, experience, or understanding of the subject matter. They may include community leaders, professionals, or residents who have a deep understanding of the issues being studied. Note-

taking, filed notes, audio recordings, and transcript software were utilized with the approval of the concerned individuals including the agencies. The researcher gathered deeper insight from the beneficiaries about their first experience in availing assistance and the efficiency and effectiveness of the provision of aid.

Before administering the survey, the researcher will thoroughly brief participants about the study objectives, confidentiality protections, and informed consent protocols.

### **Profile of Participants**

There were fifteen (15) AICS beneficiaries participated in the conduct of the study.

Breakdowns; for focus group discussion, four (4) were married, and one (1) separated. Out of the five participants in FGD, three (3) of them depended on their salary pension as their source of income, while two (2) of them were dependent on their wives. Moreover, there were five (5) AICS beneficiaries who participated in the in-depth interview IDD and five (5) AICS beneficiaries voluntarily agreed to be interviewed as key informants KII, four (4) are married, and one (1) is single.

### **Presentation of Findings**

After the process of data analysis (coding, categorizing, theming), four themes emerged. These themes are: necessity, obtainability of services, responsive services, and saved lives. These themes revealed the participant's experiences about availment and access to the AICS program.

**Table 1 Themes book showing the themes, categories, and sample codes**

<b>Themes Book</b>			
<b>Research Questions</b>	<b>Themes</b>	<b>Categories</b>	<b>Sample Codes</b>
RQ 1 Why do the clients with chronic illness avail of AICS services?	Necessity	Awareness of the Availability of AICS	Guided by relative, increasing awareness on AICS, looking for assistance
		Prohibitive Cost of Treatment	All for medicines, expensive hospitalization, expensive medicines
RQ 2 How accessible	Obtainability of	Staff's Receptiveness	Accommodating social workers, approachable staff, giving priority, maintaining

are the services provided by AICS?	Services		professionalism, staff providing guidance, young employees
		Availability of Medical Aid	Online AICS services, Installation of satellite offices
RQ 3 How is the provision of AICS?	Responsive Service	Organized AICS Process	Satisfied with the service, improved processing, services were sustained, gratitude & Authentic Joy
		Timely Release of Assistance	Immediate release of grants/ assistance, provision of assistance, two hours maximum processing
RQ 4 How do the services provided by AICS impact the clients with chronic illness?	Saved Lives	Relieved of mental concerns	Big help, existing noble agency, extend life, financially helping families
		Financial Burden Alleviated	Buying non-medicine (essentials), requesting additional fund for hemodialysis patients, changing of prescribed medicines
		Faith in God Strengthened	Asking for God's forgiveness, God's purpose is good, inheritance illness, lost moral support, praying for immediate assistance

### **Summary of Findings**

The case of medical aid received by a client with chronic illness: a case study in assistance to individuals in crises involved the following themes: necessity, obtainability of services, responsive service, and saving lives.

*Necessity* means needing assistance to pay for the prohibitive cost of services and finding ways on awareness of the availability of AICS.. Participants are guided by relatives; some are guided by agency personnel through the list provided outside the verification area; and some are updated on the FB page.

*Obtainability* of services refers to the staff's receptiveness and availability of medical aid. In the regional office, AICS is open and accessible to all, The DSWD's Assistance to Individuals in Crisis Situations (AICS) program has undergone significant improvements to provide more *responsive and efficient service* to those in need. The process has been streamlined, with

a clear system in place, defined staff responsibilities, and processing times reduced to a maximum of two hours for cash assistance and guarantee letters. Clients can easily access the service by visiting their local DSWD office, providing necessary documents, and benefiting from reduced requirements and simplified forms. Thorough verification is conducted to prevent misuse, while priority lanes have been set up for the disabled, seniors, and families with children, along with the provision of friendly spaces for children and breastfeeding rooms for lactating mothers. Participants reported substantial improvements compared to the past, appreciating the streamlined process, priority lanes, and client-friendly facilities.

Moreover, *Saving lives* means relieving mental stress, and financial burdens, financially helping the family, and having faith in God. Assistance brought an extension of life, a chance to change their lives, and ask forgiveness from God. This relates to the story shared by a participant saying that "life is full of trials" Yes, we are tested, if our wealth cannot be used properly it will take Him away from us.

### **Conclusions**

Participants' statements highlight the positive impact of the AICS services, aside from the necessary needs, it has been a great help that extends the lives of the participants. They were relieved of their physical psychological mental stress alleviating the whole family of their financial burden. According to (Regehr, 2011), crisis is an occurrence that can happen in anyone's life including that of the helper. The attainment of the assistance relies on effective good governance, active participation of the top management funding, and systematic process implementation of the AICS.

### **Recommendations**

This study provides suggested recommendations:

- 1. For the top management of AICS.** They may continue to strengthen the partnership between the management, LGU, and the national stakeholders to sustain the downloading of appropriate funds so that the provision of assistance to the less sectoral and vulnerable groups for implementation of service may continue.
- 2. The Social Workers** may conduct a study on a wide scale to obtain a generalization of the findings of the study.
- 3. For future researchers** to explore further study on the evaluation of the assistance to individuals in crisis services particularly the impact of Institutionalization Standard Operation or ISO accreditation on the efficiency of service in the Crisis Intervention Section in Cagayan de Oro City.

### **Limitations**

This study focused on a limited sample size of 15 participants who are beneficiaries of the Assistance to Individuals in Crisis Situations (AICS) program, including those interviewed for the In-Depth Discussions (IDD), Key

Informant Interviews (KII), and Focus Group Discussions (FGD). While these participants shared diverse experiences and narratives, the results may not be fully representative of the broader population of AICS beneficiaries. The study aimed to understand the process of availing AICS services, how information is disseminated, and the efficiency and effectiveness of the program in responding to the medication needs of beneficiaries. However, the research was confined to Cagayan de Oro City, Regional Office X, and may not capture the experiences of AICS beneficiaries in other regions or municipalities across the Philippines. The FGD sessions proved useful in identifying gaps and challenges in the implementation of the AICS program. However, the findings primarily reflect the experiences and perspectives of the 15 participants involved in this study. As such, the results may not be generalizable to all AICS beneficiaries or fully encompass the diverse phenomena that may exist among participants in other cities and municipalities. It is important to note that while this study provides valuable insights into the experiences of AICS beneficiaries in Cagayan de Oro City, the limited sample size and geographical scope suggest that further research is needed to gain a more comprehensive understanding of the program's implementation and effectiveness across different regions and populations.

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