

Workshop 2: Methodology

Research Title : Evaluating the Impact of Delivery Mechanisms of Medical Assistance through Assistance to Individuals in Crisis Situation (AICS) in the Province of Bukidnon, Districts 1 and 2.

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Components	Guiding Questions	What Participants Should Provide
Study Objectives	<ul style="list-style-type: none"> • What does the study aim to achieve? • Are objectives measurable and actionable? 	<p>The AICS Medical Assistance Program provides support to individuals facing medical crises through two primary mechanisms: cash assistance (up to ₱10,000) and guarantee letter assistance (which may cover full hospital costs).</p> <p>Main Problem</p> <ol style="list-style-type: none"> 1. What is the impact of the delivery mechanisms of the AICS Medical Assistance Program on beneficiaries in Bukidnon Districts 1 and 2? <p>Specific Problems</p> <p>How efficient are the current delivery processes (e.g., assessment, verification, release procedures, referral, and coordination) of AICS medical assistance in the two districts?</p> <p>What challenges do beneficiaries and implementers encounter in choosing or processing the appropriate type of assistance (cash vs. guarantee letter)?</p> <p>How do the cash assistance and guarantee letter mechanisms differ in their impact on:</p> <ol style="list-style-type: none"> a. beneficiaries' ability to access timely medical services? b. beneficiaries' financial protection and out-of-pocket expenses? <p>What improvements can be recommended to enhance the effectiveness, efficiency, and responsiveness of AICS medical assistance</p>

		delivery mechanisms in Bukidnon Districts 1 and 2?
Research/Evaluation Design	<ul style="list-style-type: none"> • What overall plan will guide your study? • Does the design match the research questions? 	<ul style="list-style-type: none"> • The study will be guided by a mixed-methods evaluation plan that includes data collection from beneficiaries and implementers, statistical and thematic analysis of findings, triangulation for validation, and ethical protocols to ensure credible and actionable results. • The mixed-methods evaluation design is appropriate because it directly aligns with the study's research questions, which require both quantitative measurement of impact and qualitative analysis of processes, experiences, and challenges. This combination ensures that each research question is addressed using the most suitable form of data.
Results Chain	<ul style="list-style-type: none"> • Framework of the study • Includes input, process/activities, outputs/outcomes/impact 	<ul style="list-style-type: none"> • This study is best guided by a Conceptual Framework based on an Input–Process–Output (IPO) Model and principles of Program Evaluation. • INPUT <ul style="list-style-type: none"> → Program components (requirements, procedures, stakeholders, resources) → Beneficiary characteristics • PROCESS <ul style="list-style-type: none"> → Data collection (surveys, interviews, document review) → Quantitative and qualitative analysis → Evaluation of delivery mechanisms • OUTPUT <ul style="list-style-type: none"> → Findings on efficiency, accessibility, and impact → Identified gaps and challenges → Program improvement recommendations

<p>Sampling Methodology</p>	<ul style="list-style-type: none"> • Who is your target population? • What are your inclusion/exclusion criteria? • Which sampling technique will you use? 	<p>The target population of the study includes AICS medical assistance beneficiaries in Districts 1 and 2 of Bukidnon, as well as program implementers such as DSWD social workers, AICS staff, and LGU or hospital partners involved in the delivery of the medical assistance services.</p> <p>✓ Inclusion Criteria</p> <p>Beneficiaries must meet ALL of the following;</p> <ol style="list-style-type: none"> 1. Received medical assistance in the last 12 months.. 2. A resident of Bukidnon, District 1 or District 2. 3. Willing to participate in interviews or surveys. <p>Implementers must meet ALL of the following:</p> <ol style="list-style-type: none"> 1. Directly involved in processing, evaluating, approving, or coordinating AICS medical assistance. 2. Assigned in Bukidnon, District 1 or District 2 during the study period. 3. Have at least 6 months of experience handling AICS-related work (ensures familiarity with procedures). 4. Willing to participate in interviews or surveys. <p>LGU partners and hospitals will be included if they:</p> <ol style="list-style-type: none"> 1. Directly participate in the implementation, processing, or coordination of AICS medical assistance. 2. Are located in District 1 or District 2 of Bukidnon. 3. Have staff with at least 6 months of experience in handling AICS medical assistance transactions.
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4. **Are willing to participate** in interviews, surveys, or provide access to relevant records.
5. **Maintain official records** of beneficiaries and fund disbursement for verification.

✕ Exclusion Criteria

Implementers are excluded if they:

1. Do **not** work directly with AICS medical assistance (e.g., administrative staff, clerks not assigned to AICS).
2. Have less than 6 months of experience in AICS processes.
3. Are on leave, unavailable, or unwilling to participate.
4. Are assigned to non-medical components of AICS (e.g., burial or educational assistance).

LGU partners and hospitals will be excluded if they:

1. Do **not have direct involvement** in medical assistance under the AICS program.
2. Are located **outside Districts 1 and 2** of Bukidnon.
3. Have **staff without sufficient experience** or knowledge of AICS processes.
4. **Decline to participate** or do not provide access to relevant information.
5. Are only involved in **non-medical AICS programs** (e.g., burial, transportation, education assistance).

The study will use stratified random sampling for beneficiaries to ensure fair representation across Districts 1 and 2, and purposive sampling for program implementers to select individuals with direct

		<p>experience in AICS medical assistance. This combination ensures both quantitative reliability and qualitative depth in the findings.</p>
<p>Variables/Indicators</p>	<ul style="list-style-type: none"> • What variables will be measured? • Are they specific and aligned with objectives? 	<p>Independent Variables (Delivery Mechanisms)</p> <ul style="list-style-type: none"> • Application Process – Steps and requirements for applying for AICS medical assistance; measured by ease of submission, completeness, and processing time. (Ordinal / Ratio) • Approval & Disbursement Process – Timeliness and accuracy of approval and fund release. (Ordinal / Ratio) • Accessibility – Ease of reaching and availing AICS services (distance, office hours, transport). (Ratio / Ordinal) • Staff Responsiveness & Support – Helpfulness and guidance provided by program staff. (Ordinal) • Program Procedures – Consistency, transparency, and fairness in implementing AICS guidelines. (Ordinal) <p>Dependent Variables (Program Outcomes)</p> <ul style="list-style-type: none"> • Beneficiary Satisfaction – Overall satisfaction with AICS medical assistance services. (Ordinal) • Health / Medical Impact – Perceived or actual improvement in health due to assistance. (Ordinal / Ratio) • Financial Relief / Economic Impact – Reduction in out-of-pocket medical expenses. (Ratio) • Overall Program Impact – Beneficiaries’ perception of program effectiveness and usefulness. (Ordinal) <p>Demographic / Control Variables</p> <ul style="list-style-type: none"> • Age – Beneficiary age in years. (Ratio) • Gender – Male / Female / Other. (Nominal)

		<ul style="list-style-type: none"> ● Residence – District 1 or District 2. (Nominal) ● Type of Medical Assistance – Hospitalization, medication, lab tests, procedures. (Nominal) ● Frequency of Assistance – Number of times assistance was availed. (Ratio)
Data Collection Methods	<ul style="list-style-type: none"> • How will you collect data? • What tools will be used? 	<ul style="list-style-type: none"> ● Data will be collected using structured surveys for beneficiaries (quantitative), semi-structured interviews and optional focus groups for implementers and beneficiaries (qualitative), and document/process review. Stratified random sampling ensures representativeness for beneficiaries, while purposive sampling ensures expert insights from implementers. ● The study will use a combination of structured questionnaires, semi-structured interview guides, optional focus group discussions, and document/process reviews to collect data. Quantitative tools capture measurable indicators of efficiency, accessibility, and impact, while qualitative tools provide deeper insights into delivery mechanisms, challenges, and areas for improvement.
Timeline & Activity Schedule	<ul style="list-style-type: none"> • What sequence of activities will be done? 	<ul style="list-style-type: none"> ● Preparation: finalize plan, obtain permissions, design tools, pilot testing. ● Sampling & Recruitment: identify beneficiaries and implementers, obtain consent. ● Data Collection: administer questionnaires, conduct interviews/FGDs, review documents. ● Data Analysis: encode, analyze, and triangulate quantitative and qualitative data. ● Reporting: interpret results, provide recommendations, and prepare the research report.

Month

Activities / Tasks	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Phase 1: Preparation						
Formulate research plan and objectives						
Develop research instruments (questionnaire, interview guide)						
Seek permissions from DSWD, LGUs, hospitals						
Pretesting / Pilot testing of tools						
Revise instruments based on pretest feedback						
Train research assistants (if applicable)						
Phase 2: Sampling & Recruitment						
Identify target population (beneficiaries & implementers)						
Apply sampling techniques (stratified random & purposive)						
Obtain informed consent from participants						
Phase 3: Data Collection						
Administer structured questionnaires to beneficiaries						

Conduct key informant interviews with implementers						
Conduct focus group discussions (optional)						
Document and process review						
Phase 4: Data Processing &						
Encode quantitative data into software (Excel/SPSS)						
Transcribe qualitative FGDs						
Perform data analysis (quantitative & qualitative)						
Triangulate findings						
Phase 5: Reporting						
Interpret results & draft recommendations						
Write research report / thesis						
Present findings to stakeholders (optional)						