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Implementation of Bayanihan to Heal as One Act (Republic Act No. 11469)

Marina M. Bergantiños¹, Dr. Jose P. Gallena²

Local Government Unit, Alicia, Isabela, Philippines¹

College of Business, Accountancy, and Public Administration, Isabela State University, Echague, Isabela, Philippines²

✉ bergantinosvim@yahoo.com

RESEARCH ARTICLE INFORMATION	ABSTRACT
Received: February 01, 2023 Reviewed: May 24, 2024 Accepted: June 08, 2024 Published: June 28, 2024  Copyright © 2025 by the Author(s). This open-access article is distributed under the Creative Commons Attribution 4.0 International License.	This study evaluated the awareness and effectiveness of the implementation of the Bayanihan to Heal as One Act – Bayanihan 1 (Section 3 of R.A. No. 11469) in Alicia, Isabela, Philippines. A survey of 365 randomly selected implementers (health workers, uniformed personnel, LGU functionaries) and beneficiaries (COVID-19 patients, Social Amelioration Package beneficiaries, and informal workers) was conducted. Findings revealed that Bayanihan 1 was perceived by respondents as well-implemented, with recipients benefitting from government aid. However, significant differences in awareness levels were observed based on age, sex, beneficiary status, and income source. Notably, a positive correlation was found between perceived awareness and implementation effectiveness. The study recommends utilizing these experiences to improve future assistance programs. Specific areas needing improvement include a moratorium on loans, hazard pay identification, SAP recipient identification, public safety protocols, and quarantine protocols. Addressing these issues requires collaboration between local government officials and expert groups. Furthermore, future research could explore pandemic experiences to inform local leaders on effective law implementation during health emergencies.

Keywords: *awareness, beneficiaries, beneficiary status, effectiveness, social amelioration and support, healthcare response and recovery*

Introduction

The year 2020 witnessed a global health crisis unlike any other. The emergence of COVID-19, a highly contagious respiratory illness, rapidly spread across the globe, disrupting lives and economies. The Philippines, like many other nations, was not immune. The rapid rise in COVID-19 cases demanded a swift and coordinated response from the national government.

In response to the public health emergency, the Philippine government enacted Republic Act No. 11469, also known as the Bayanihan to Heal as One Act (Bayanihan 1). This act empowered the national government to implement crucial measures to combat the effects of the pandemic (Garcia, 2020). Importantly, Bayanihan 1 also provided resources and guidelines for Local Government Units (LGUs) to translate these national directives into concrete actions at the local level (R.A. 11469, 2020).

This study was focused on the implementation of Bayanihan 1 in the Municipality of Alicia, Isabela. Specifically, it assessed the awareness and perceived effectiveness of how the LGU translated the provisions of Section 3 of the Act—which focused on the containment and mitigation of Coronavirus Disease 2019 (COVID-19), mobilization of assistance for healthcare workers, provision of healthcare services, and social amelioration programs—into tangible actions for the community.

Understanding the effectiveness of Bayanihan 1 at the LGU level is crucial for future pandemic preparedness. By examining the Alicia case study, we can gain valuable insights into how effectively LGUs can adapt and implement national policies in the face of a rapidly evolving crisis. This knowledge can yield to future policy-making and resource allocation strategies, ensuring a more coordinated and efficient response during future public health emergencies.

Methods

This study employed a descriptive-correlational research design to describe a population's characteristics and explore the relationship between those characteristics and perceived effectiveness.

A purposive sampling technique was utilized in the selection of 365 participants from the study area. The study's respondents were healthcare workers (12.05%), uniformed personnel (PNP & BFP) (11.23%), LGU functionaries (10.41%), Social Amelioration Program (SAP) beneficiaries (36.99%), and others such as businessmen and COVID-19 patients (29.32%).

A structured survey questionnaire served as the primary tool for data collection. The questionnaire comprised three sections. The first part dealt with the respondent's demographic information such as age, sex, educational attainment, and their role in the program. Part 2 assessed respondents' awareness of Bayanihan 1 provisions (Section 3) and their perceived effectiveness. A five-point Likert scale was used for close-ended questions. Additionally, respondents ranked perceived problems encountered during the implementation.

The Statistical Package for Social Sciences (SPSS) software was also used to analyze the data. Descriptive statistics (frequency, percentage, rank, mean) were used to describe the data. Non-parametric tests were employed. The Kruskal-Wallis H-Test compared the differences in awareness and effectiveness among the different groups of respondents, and Kendall's Tau b was used to assess the correlation between awareness and perceived effectiveness. The Chi-square test was used to determine differences among variables, while the Z-test was used to identify the relationship between the level of effectiveness and age.

Ethical Considerations

Informed consent of participants was secured before the conduct of the study. The confidentiality and anonymity of the respondents were ensured. In the conduct of the study, the following were considered: voluntary participation of respondents, honesty and transparency on research goals and methods used; and fair sampling. Data security and accurate reporting were also undertaken.

Results and Discussion

Profile of the Respondents

Of the 365 respondents, there was a slightly higher proportion of females (54%) compared to males (46%) (Fig 1). The most common age groups were between 25 and 39 (43.3%), followed by those aged 40-54 (26%). Younger adults and older populations were less prevalent in the sample (Fig 2). In terms of education, a significant proportion of respondents were college graduates (46.9%), with college students (37.8%) and elementary graduates (14.1%) forming the following largest groups (Figure 3).

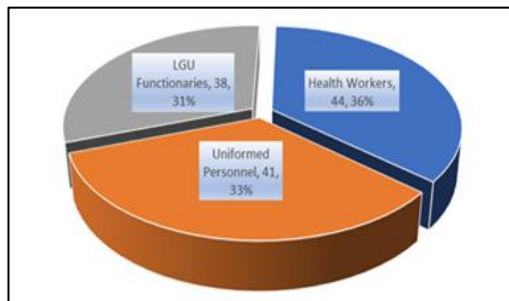


Figure 1. Grouping of Implementers

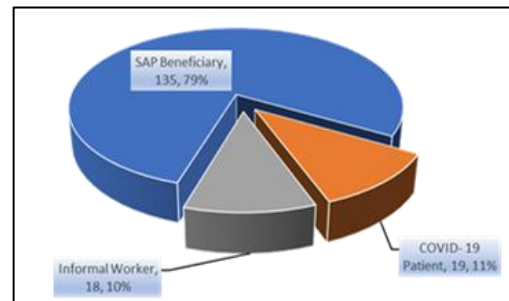


Figure 2. Grouping of Beneficiaries

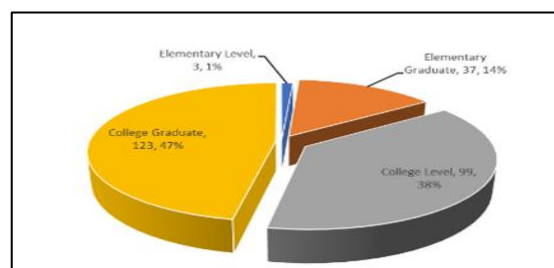


Figure 3. Educational Attainment of Respondents

The study's respondents had distinct roles: those implementing Section 3 of Bayanihan 1 (123) and those benefitting from it (172). Implementers (Fig 4) included healthcare workers (35.8%), uniformed personnel (33.3%), and LGU functionaries (30.9%). The majority of beneficiaries were recipients of the Social Amelioration Program (SAP) (78.5%), with COVID-19 patients (11%) and informal workers (10.5%) making up the remaining portion (Fig 5).

In terms of primary source of income (Fig 6), government employees formed the largest group (40.8%), followed by seasonal/informal workers (10.9%), and farmers (21.7%). Private sector employees, self-employed individuals, and overseas Filipino

workers (OFWs) made up a smaller portion of the respondents, with roughly equal representation for private employees and the self-employed (around 9.6% each) and a minimal contribution from OFWs (2%).

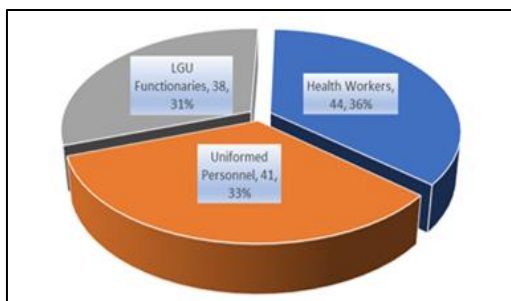


Figure 1. Grouping of Implementers

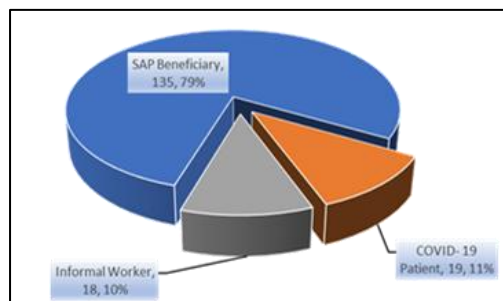


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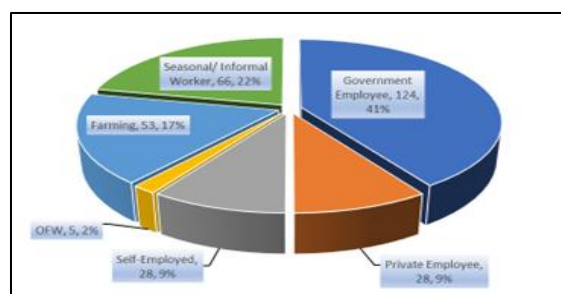


Figure 4. Source of Livelihood of Respondents

Awareness of Respondents on the Provisions of Bayanihan 1 Program

Table 1 shows the respondents' awareness of various provisions outlined in Section 3 of Bayanihan 1. The analysis was categorized into two sections: Category A on social amelioration and support, and Category B describing healthcare response and recovery.

Respondents displayed a moderate level of awareness (mean ratings between 3.80 and 4.15) regarding several social amelioration and support measures. They were fairly knowledgeable about the distribution of personal protective equipment (PPEs), medical masks, and face shields to frontline workers, hazard pay for these workers, distribution of Social Amelioration Packages (SAPs) to low-income families, and provision of relief goods in areas under lockdown.

However, their awareness regarding loan moratoriums offered by lending institutions was slightly lower (mean rating of 3.28), suggesting they needed to be more informed about this specific provision.

Respondents also demonstrated a moderate level of awareness (mean ratings between 3.85 and 4.20) for deliveries related to healthcare response and recovery efforts. They were moderately aware of initiatives to mitigate the spread of the virus, mobilize assistance for necessities during lockdowns, provide healthcare services, and implement post-pandemic recovery and rehabilitation programs.

Table 1. Perceived Awareness of Respondents in the Implementation of Bayanihan 1

Factors	Mean	Description
Category A		
PPEs, medical-grade masks, and medical-grade face shields were distributed to the frontlines	4.15	Moderately Aware
Frontliners were given hazard pays	3.80	Moderately Aware
Moratoriums were ordered on outstanding loans and credits to various lending institutions	3.28	Somewhat Aware
Social Amelioration Packages (SAPs) were distributed to the lowest-income class of society	4.02	Moderately Aware
Provision of relief goods in lockdown areas	4.02	Moderately Aware
Category B		
Efforts made to mitigate the spread of the virus	4.20	Moderately Aware
Mobilization of assistance in the provision of necessities during the lockdowns	3.95	Moderately Aware
Provision of health care needs	3.87	Moderately Aware
Recovery & rehabilitation program post-pandemic period	3.85	Moderately Aware

Respondents confirmed moderate awareness regarding the various provisions outlined in Section 3 of Bayanihan 1. This suggests that they were informed about personal protective equipment (PPEs) for frontline workers, medical masks and face shields for frontline workers, hazard pay for frontline workers, distribution of Social Amelioration Packages (SAPs) to low-income families, and provision of relief goods in lockdown areas. Nevertheless, their awareness regarding loan moratoriums offered by lending institutions appeared to be slightly lower (mean rating of 3.28), which falls under "somewhat aware" on the rating scale. This implies that communication efforts regarding loan moratoriums may need improvement.

Like Category A, respondents were moderately aware of healthcare response and recovery provisions. This indicates that they were moderately aware of the initiatives aimed at mitigating the spread of the virus (e.g., lockdowns, public health measures), mobilizing assistance for necessities during lockdowns (e.g., food distribution programs), providing healthcare services (e.g., testing, treatment), and implementing post-pandemic recovery and rehabilitation programs.

The moderate level of awareness across most provisions indicates that the study area made some effort to communicate Bayanihan 1 to residents. Nonetheless, the lower awareness regarding loan moratoriums highlights a potential gap in communication for specific provisions. This finding can be more precise and targeted messaging.

Understanding residents' awareness levels is crucial for assessing the effectiveness of Bayanihan 1 implementation at the local level. By identifying lower awareness areas, LGUs can adopt more effective communication platforms for future public health emergencies. This can lead to a more informed and engaged citizenry during crises.

Perceived Effectiveness in the Implementation of Bayanihan 1**Table 2. Perceived Effectiveness in the Implementation of the Bayanihan 1**

Factors	Mean	Description
Provision of PPEs, medical grade masks, & medical grade face shields	3.92	Effective
Hazard pays for front-liners	3.60	Effective
Moratorium on loans and credits to credit institutions	3.16	Moderately Effective
Social Amelioration Package (SAP) distribution	3.63	Effective
Provision of relief goods	3.68	Effective

Table 2 presents the respondents' perceptions of how effectively Bayanihan 1 provisions were implemented in the study area. Perceived awareness was categorized into social amelioration and support (Category A) and healthcare response and recovery (Category B).

Respondents perceived social amelioration and support measures as effective (mean ratings between 3.60 and 3.92). This signifies that they felt Bayanihan 1 was adequately implemented in terms of the supply of PPEs, medical masks, and face shields to frontline workers, the distribution of Social Amelioration Packages (SAPs) to low-income families, the provision of relief goods in lockdown areas, and hazard pay for frontline workers.

Conversely, the perceived effectiveness of loan moratoriums offered by lending institutions was moderately effective (mean rating of 3.16). While residents acknowledged its helpfulness, the rating suggests that it may not have been as impactful as other provisions.

The generally positive perception of effectiveness for most Category A provisions indicates that the LGU's implementation efforts successfully delivered essential resources and financial aid to residents. However, the lower rating for loan moratoriums suggests a need to explore potential reasons behind this perception. This low rating might be attributed to the limited scope of the loan moratorium program. It may only be applied to specific loan types or have limitations that residents must know. In addition, residents still need to fully understand the benefits or eligibility criteria for loan moratoriums. By investigating these possibilities, the LGU can identify areas for improvement in future programs related to financial relief.

While the respondents' awareness level revealed a slightly lower level of knowledge regarding loan moratoriums, the result on perceived effectiveness denotes that the residents still perceived it as somewhat helpful. This could indicate that the program may have benefitted some residents, despite their limited awareness. Hence, a more comprehensive communication strategy may be carried out to enhance awareness and perceptions of future initiatives.

Furthermore, understanding resident perceptions is crucial for evaluating the impact of Bayanihan 1 at the LGU level. By identifying areas where effectiveness was perceived as lower, LGUs can improve program design and implementation for future public health emergencies. This can lead to more efficient and impactful responses that better meet the needs of the residents.

Problems Encountered in the Implementation of Bayanihan 1 at the LGU Level

While helpful, implementing Bayanihan 1 in the study area faced challenges identified by residents. Table 3 presents these problems encountered in implementing Bayanihan 1 at the LGU Level.

A significant challenge involved the loan moratorium program, suggesting potential limitations in its scope, processing delays, or communication gaps with residents. Accurately identifying those eligible for hazard pay and Social Amelioration Packages (SAPs) also presented difficulties, potentially causing delays or errors in distribution. Maintaining consistent adherence to safety protocols in public spaces and enforcing quarantine procedures for various categories of individuals proved to be ongoing challenges. Additionally, ensuring access to testing for suspected cases, efficiently distributing relief goods, and effectively communicating public health measures were hurdles that required ongoing attention. Finally, including vaccine rollout challenges indicated availability, logistics, or hesitancy issues.

Table 3. Problems Encountered in the Implementation of Bayanihan 1 in the Municipality of Alicia

Problems Encountered	Mean	Rank
Rollout of vaccines for the Vaccination Program	7.75	10 th
Reporting of possible COVID-19 patients	6.76	9 th
Effectivity of information dissemination	6.49	8 th
Conduct tests on identified PUIs and PUMs	6.26	6 th
Quarantine Protocols on LSIs, PUIs, PUMs, and tested-positive patients	6.03	5 th
Distribution of relief goods	6.30	7 th
Identification of SAP recipients	5.23	3 rd
Moratorium on outstanding loans and credits	4.99	1 st
Hazard pay recipients identification	5.01	2 nd
Safety protocols in public places	5.65	4 th

Understanding these challenges empowers the LGU to take preventative measures for future emergencies. This could involve streamlining processes for programs like loan moratoriums and beneficiary identification. Developing clear communication strategies for public health measures and program eligibility would also be beneficial. Investing in resources and training for enforcement of safety protocols and quarantine procedures, along with collaboration with healthcare providers to improve testing capacity, are crucial steps.

Optimizing logistics and communication for relief distribution and implementing targeted information campaigns to address vaccine hesitancy would further strengthen the LGU's preparedness. By proactively addressing these challenges, LGU Alicia, Isabela can be better equipped to manage future public health crises and ensure the well-being of its residents.

Relationship of Respondents' Awareness in the Implementation of Bayanihan 1 When Grouped According to Age, Sex, and Educational Attainment

This study examined how a respondent's age, gender, and education influenced their awareness of Bayanihan 1, a Philippine law enacted during COVID-19 (Table 4).

Table 4. The Difference in the Respondents' Awareness of the Implementation of R.A. No. 11469 According to Age, Sex, and Educational Attainment

Items	Age		Sex		Educational Attainment	
	Chi-Square	Sig	Z	Sig.	Chi-Square	Sig.
Category A						
PPEs, medical-grade masks, and medical-grade face shields were distributed to the frontlines	33.65*	0	0.63 ^{ns}	0.53	2.65 ^{ns}	0.27
Frontliners were given hazard pays	39.78*	0	3.35*	0	2.53 ^{ns}	0.28
Moratoriums were ordered on outstanding loans and credits to various lending institutions	43.01*	0	2.53*	0.01	7.54 ^{ns}	0.02
Social Amelioration Packages (SAPs) were distributed to the lowest-income class of society	22.89*	0	2.47*	0.01	0.75 ^{ns}	0.69
Provision of relief goods in lockdown areas	29.17*	0	2.22*	0.03	1.01 ^{ns}	0.6
Category B						
Efforts made to mitigate the spread of the virus	30.14*	0	1.07 ^{ns}	0.28	0.87 ^{ns}	0.65
Mobilization of assistance in the provision of necessities during the lockdowns	30.51*	0	2.47*	0.01	0.34 ^{ns}	0.85
Provision of health care needs	38.58*	0	1.75 ^{ns}	0.08	0.11 ^{ns}	0.95
Recovery & rehabilitation program post-pandemic period	25.29*	0	1.22 ^{ns}	0.22	0.59 ^{ns}	0.74

Younger respondents (under 25) were most aware of various aspects of the program (protective equipment distribution, hazard pay, loan relief) compared to the older age groups. This aligns with prior research suggesting a decline in awareness of protective measures with age. Gender also played a role, with females showing a higher awareness of specific details like hazard pay and relief goods. Interestingly, educational attainment had minimal impact on overall awareness. While college graduates were more aware of loan moratoriums, all groups displayed similar awareness of other aspects. This contradicts the idea that education is a strong predictor of program awareness.

These findings suggest that future programs like Bayanihan 1 may benefit from communication strategies targeting younger demographics and emphasizing aspects where awareness is lower among specific groups. It is also possible that education level may not be the best measure for program awareness campaigns, and further research into information access channels used by different demographics might be more insightful.

Relationship of Respondents' Awareness in the Implementation of R.A. No. 11469 According to Role in the Implementation (Implementers, Beneficiaries) and Source of Income

Table 5 presents the respondents' awareness of the implementation of R.A. No. 11469 grouped by various roles and primary sources of income. Remarkably, regardless of their role (healthcare worker, uniformed personnel, LGU functionary), implementers were generally well-informed about everything except loan moratoriums. Uniformed personnel have the most knowledge about loan options.

Table 5. Respondents' Awareness of the Implementation of R.A. No. 11469 According to Various Roles and Primary Sources of Income

Items	Category as Implementers		Category as Beneficiaries		Source of Income	
	Chi-Square	Sig.	Chi-Square	Sig.	Chi-Square	Sig.
Category A						
PPEs, medical grade masks, and medical grade face shields were distributed to the frontliners	2.65 ^{ns}	0.27	10.44*	0.01	52.89*	0
Frontliners were given hazard pays	2.53 ^{ns}	0.28	25.34*	0	69.48*	0
Moratoriums were ordered on outstanding loans and credits to various lending institutions	7.54*	0.02	10.04*	0.01	55.07*	0
Social Amelioration Packages (SAPs) were distributed to the lowest-income class of society	0.75 ^{ns}	0.69	8.23*	0.02	19.94*	0
Provision of relief goods in lockdown areas	1.01 ^{ns}	0.6	9.13*	0.01	45.85*	0
Category B						
Efforts made to mitigate the spread of the virus	0.87 ^{ns}	0.65	8.20*	0.02	43.89*	0
Mobilization of assistance in the provision of necessities during the lockdowns	0.34 ^{ns}	0.85	3.77 ^{ns}	0.15	61.81*	0
Provision of health care needs	0.11 ^{ns}	0.95	4.35 ^{ns}	0.11	46.62*	0
Recovery & rehabilitation program post-pandemic period	0.59 ^{ns}	0.74	2.61 ^{ns}	0.27	47.13*	0

Among beneficiaries, informal workers, like street vendors, were most aware of the program's various aspects. They were particularly clued in about distributing protective equipment, social assistance packages, relief goods, and efforts to control the virus' spread. Patients diagnosed with COVID-19, however, surprised researchers by being most aware of hazard pay for frontline workers and loan moratoriums. Conversely, beneficiaries who received social amelioration packages, likely the lowest income group, had the slightest overall awareness.

Looking at income sources, government employees emerged as the most informed group. They were well-versed in the distribution of protective equipment, loan moratoriums, and measures taken to control the spread of the virus. Seasonal or informal workers, on the other hand, had the least awareness across most categories. Interestingly, overseas Filipino workers (OFWs) were the most aware of the distribution of social amelioration packages.

These findings highlight the importance of targeted communication. Future programs can benefit by tailoring their message to specific beneficiary groups. For example, informal workers might need more information about loan moratoriums.

Additionally, income sources can be a good indicator of program awareness. This means programs may require different communication channels to reach low-income populations like seasonal workers and farmers. Finally, the study suggests that government employees have better access to program information. Investigating how this knowledge is shared within government agencies could be valuable for designing future programs.

Relationship of Respondents' Perceived Effectiveness in the Implementation of the Bayanihan 1 According to Age, Sex, and Educational Attainment

Table 6 presents the relationship between the perceived effectiveness of the Bayanihan 1 COVID-19 relief program and age, sex, and educational attainment. Age significantly affected perceptions. The youngest group (under 25) viewed the distribution of PPE, hazard pay for frontline workers, and relief goods as the most effectively implemented aspects. This suggests a potential focus on these aspects when communicating with younger demographics. In contrast, those aged 25-39 rated loan moratoriums and social amelioration packages (SAP) as the most effective, possibly reflecting their financial concerns during the pandemic. Interestingly, the oldest group (70+) had the lowest ratings across all categories. This could be due to a need for more awareness or a different set of priorities for this age group.

Table 6. Relationship of Respondents' Perceived Effectiveness in the Implementation of the Bayanihan 1 According to Age, Sex, and Educational Attainment

Items	Age		Sex		Educational Attainment	
	Chi-Square	Sig.	Z	Sig.	Chi-Square	Sig.
Provision of PPEs, medical grade masks, & medical grade face shields	23.42*	0.00	1.45 ^{ns}	0.15	16.30*	0.00
Hazard pays for frontliners	30.74*	0.00	1.69 ^{ns}	0.09	39.34*	0.00
Moratorium on loans and credits to credit institutions	33.22*	0.00	1.89 ^{ns}	0.06	43.62*	0.00
Social Amelioration Package (SAP) distribution	24.26*	0.00	0.54 ^{ns}	0.59	21.48*	0.00
Provision of relief goods	31.07*	0.00	1.43 ^{ns}	0.15	24.86*	0.00

On the other hand, the respondents' gender did not define perception. There was no significant difference in perceptions between males and females. Both genders

perceived all program aspects as being implemented effectively. This infers that the program's communication strategies had reached both genders equally.

It was also found that education influenced the understanding of the program. Educational attainment significantly influenced perceptions. College graduates had the highest ratings for the effectiveness of all program aspects. This conveyed a potential link between education level and program understanding. Future programs may benefit from developing clear and accessible communication materials that cater to audiences with varying educational backgrounds.

Also, the study found no significant difference in perceptions among healthcare workers, uniformed personnel, and LGU functionaries (local government units). All groups agreed that all program aspects were implemented effectively. This consistency suggests effective internal communication within the program's implementation team. This approach, ensuring all implementers share a clear understanding of the program's goals and achievements, could be a valuable model for future programs.

The study's results highlighted the importance of considering various factors when designing and implementing social programs. Age, education, and potential communication strategies affected how people perceived the program's effectiveness. Tailoring communication approaches to address the concerns and priorities of different demographic groups can lead to a more successful program rollout. Additionally, ensuring clear and accessible communication materials and fostering strong internal communication among implementers can further improve program understanding and effectiveness.

Relationship of Respondents' Perceived Level of Effectiveness of Implementation of the Bayanihan According to Role in the Implementation (Implementers, Beneficiaries) and Source of Income

The table shows that the category of beneficiaries significantly affected the respondents' perceptions of the effectiveness of implementing Bayanihan 1. All groups categorized as beneficiaries (those who received social amelioration packages, COVID-19 patients, and informal workers) agreed that the distribution of PPE, social amelioration programs, and relief goods was implemented effectively. However, there were some key differences.

Table 7. Relationship of Respondents' Perceived Level of Effectiveness of Implementation of the Bayanihan According to Role in the Implementation (Implementers, Beneficiaries) and Source of Income

Items	Category as Implementers		Category as Beneficiaries		Source of Income	
	Chi-Square	Sig.	Chi-Square	Sig.	Chi-Square	Sig.
Provision of PPEs, medical grade masks, & medical grade face shields	3.60 ^{ns}	0.17	0.73 ^{ns}	0.70	58.59*	0.00
Hazard pays for frontliners	2.66 ^{ns}	0.26	17.63*	0.00	76.61*	0.00
Moratorium on loans and credits to credit institutions	0.43 ^{ns}	0.81	9.46*	0.01	64.26*	0.00
Social Amelioration Package (SAP) distribution	0.61 ^{ns}	0.74	3.28 ^{ns}	0.19	46.96*	0.00

Provision of relief goods	3.50 ^{ns}	0.17	5.69 ^{ns}	0.06	53.69*	0.00
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The COVID-19 patients rated hazard pay for frontline workers and loan moratoriums as the most effective aspects. This could be due to their heightened awareness of these issues – experiencing the pandemic firsthand and potentially facing financial struggles. On the other hand, informal workers rated hazard pay for frontline workers the highest. This might reflect their appreciation for the risks frontline workers took during the pandemic. Furthermore, the respondents' primary source of income also significantly affected their perception of the effectiveness of program implementation. The study of income sources played a role in perceptions.

On the other side, the government employees had the most positive perception of all program aspects. This could be due to better access to information or a higher baseline socioeconomic status. Perceptions among other income groups varied. No single group consistently rated all aspects highly effective. These findings highlighted the importance of tailoring communication strategies for future programs. For instance, information about loan moratoriums might be most relevant for COVID-19 patients, while messages highlighting hazard pay might benefit informal workers more.

The link between income source and perceived effectiveness is also noteworthy. Future programs may need to address potential information gaps among lower-income populations to ensure everyone feels the program is implemented effectively. Understanding the reasons behind these differences in perception would be insightful. Future research could involve in-depth interviews with beneficiaries from various categories. This could provide valuable insights for designing more targeted and effective communication strategies in future programs, ensuring everyone feels the program addresses their needs.

Relationship Between Respondents' Perceived Awareness and Effectiveness in the Implementation of Bayanihan 1

The data (Tables 8a and 8b) revealed a statistically significant positive correlation ($p < 0.05$) between the respondents' awareness and perceived effectiveness of Bayanihan 1. This denoted a direct relationship where respondents with higher awareness of specific program elements tended to rate those aspects as more effectively implemented.

Table 8a. Relationship Between Respondents' Perceived Awareness and Level of Effectiveness of the Implementation of Bayanihan 1 (Items 1 to 3)

Level of Awareness	Level of Effectiveness					
	Corr.	1 Sig.	Corr.	2 Sig.	Corr.	3 Sig.
Category A						
PPEs, medical grade masks, and medical grade face shields were distributed to the frontliners	0.57*	0.00	0.56*	0.00	0.28*	0.00
Frontliners were given hazard pays	0.34*	0.00	0.62*	0.00	0.36*	0.00
Moratoriums were ordered on outstanding loans and credits to various lending institutions	0.31*	0.00	0.38*	0.00	0.70*	0.00

Social Amelioration Packages (SAPs) were distributed to the lowest-income class of society	0.42*	0.00	0.46*	0.00	0.21*	0.00
Provision of relief goods in lockdown areas	0.50*	0.00	0.48*	0.00	0.37*	0.00
Category B						
Efforts made to mitigate the spread of the virus	0.52*	0.00	0.48*	0.00	0.24*	0.00
Mobilization of assistance in the provision of necessities during the lockdowns	0.54*	0.00	0.53*	0.00	0.45*	0.00
Provision of health care needs	0.56*	0.00	0.49*	0.00	0.54*	0.00
Recovery & rehabilitation program post-pandemic period	0.51*	0.00	0.41*	0.00	0.51*	0.00

Table 8b. Relationship Between Respondents' Perceived Awareness and Level of Effectiveness of the Implementation of Bayanihan 1 (Items 4 and 5)

Level of Awareness	Level of Effectiveness			
	4		5	
	Corr.	Sig.	Corr.	Sig.
Category A				
PPEs, medical grade masks, and medical grade face shields were distributed to the frontliners	0.38*	0.00	0.38*	0.00
Frontliners were given hazard pays	0.30*	0.00	0.30*	0.00
Moratoriums were ordered on outstanding loans and credits to various lending institutions	0.40*	0.00	0.44*	0.00
Social Amelioration Packages (SAPs) were distributed to the lowest-income class of society	0.45*	0.00	0.42*	0.00
Provision of relief goods in lockdown areas	0.54*	0.00	0.59*	0.00
Category B				
Efforts made to mitigate the spread of the virus	0.39*	0.00	0.43*	0.00
Mobilization of assistance in the provision of necessities during the lockdowns	0.55*	0.00	0.60*	0.00
Provision of health care needs	0.58*	0.00	0.62*	0.00
Recovery & rehabilitation program post-pandemic period	0.57*	0.00	0.60*	0.00

It can be noted that higher awareness of specific actions (PPE distribution, hazard pay, loan moratoriums, etc.) was correlated with a more positive perception of their implementation. Similarly, increased awareness of broader program goals (virus mitigation, lockdown assistance, healthcare, etc.) corresponded with more favorable evaluations of the program's effectiveness.

The study's results may imply the importance of clear communication. Effective communication strategies are crucial during program execution. Well-informed citizens can better assess program effectiveness. This emphasizes the need for clear and accurate information dissemination through various channels (media, forums, social media) regarding government programs like Bayanihan 1. However, the correlation does

not necessarily imply causation. Generally, more informed people might be more likely to perceive any program positively regardless of awareness about Bayanihan 1. Further research could explore whether specific communication aspects lead to a more balanced evaluation.

Lastly, communication schemes can be tailored to target specific program elements. These focus on details of how aspects like PPE distribution or loan moratoriums work and how specific communication systems could enhance positive perceptions of those areas. Increased awareness empowers citizens to hold authorities accountable. Understanding program details allows them to track progress and identify potential shortcomings. This highlights the importance of transparent communication with public scrutiny and feedback mechanisms. Effective communication can build public trust in government initiatives. When people understand and perceive programs positively, it fosters greater cooperation with future government programs.

Conclusion and Future Works

Based on the findings, it can be concluded that residents displayed moderate awareness of various Bayanihan 1 provisions. Awareness was slightly lower for loan moratoriums. Most social amelioration and support measures were perceived as effectively implemented. Loan moratoriums received a moderately effective rating. Challenges in implementation included loan moratorium limitations, beneficiary identification, and public health protocol enforcement. Age, gender, education, income source, and beneficiary role all influenced awareness and perceived effectiveness.

The study of Bayanihan 1 implementation underscores the need for targeted communication strategies to reach diverse populations during public health emergencies effectively. To improve future public health responses, LGUs should address communication gaps, tailor messages to diverse audiences, utilize various channels, and enhance program efficiency while investigating variations in effectiveness. By implementing these recommendations, LGUs can ensure more effective communication, program design, and implementation during future public health emergencies. This will lead to a more informed, engaged, and resilient citizenry.

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