

“Holistic Impacts of AICS Assistance: Addressing Clients’ Needs beyond Financial Relief”

Munib A. Kaha, DPA¹, Esa H. Jumlail Jr., RSW, MSW²

^{1, 2} *College of Social Work and Community Development, Western Mindanao State University, Zamboanga City, Philippines*

Abstract:- This study investigates the holistic impacts of the Assistance to Individuals in Crisis Situations (AICS) program in Zamboanga City, examining how social welfare interventions address client needs beyond immediate financial relief. Grounded in Psychosocial Theory, which emphasizes the interaction between individual psychological functioning and the social environment, the study explores how comprehensive support fosters resilience, adaptive coping, and household stability among beneficiaries. A mixed-methods design was employed, with quantitative data collected on financial aid distribution, utilization, and beneficiary satisfaction, and qualitative insights obtained through in-depth interviews with both beneficiaries and social workers. Findings indicate that while monetary assistance provides essential short-term relief, the program’s broader effects—including psychosocial support, referrals to health services, engagement with livelihood and skills programs, and follow-up counseling—significantly enhance overall well-being. Beneficiaries reported reduced stress, improved coping strategies, strengthened family cohesion, and increased participation in community activities, highlighting the multidimensional nature of program impacts. The study underscores the importance of integrating economic, social, and psychosocial interventions in social welfare program design to achieve sustainable outcomes. In practice, social workers play a pivotal role in facilitating access to community resources, providing counseling, and ensuring follow-up support, thereby enhancing resilience at both individual and household levels. These findings propose that the AICS program can be optimized through a holistic, psychosocial approach, ensuring that vulnerable populations receive comprehensive, long-term support that addresses both immediate crises and ongoing adaptive needs.

Keywords: *AICS program, psychosocial support, social work practice, community resilience, holistic interventions.*

1. Introduction

Social welfare programs are foundational instruments through which the Philippine government and social work practitioners respond to crises among vulnerable populations. The Assistance to Individuals in Crisis Situations (AICS) program is a flagship initiative in this regard, designed to deliver immediate financial, material, and psychosocial support to individuals and households experiencing emergencies, disasters, and unforeseen adversities (DSWD, 2022a). While financial relief is the most visible form of assistance, Philippine studies and policy documents emphasize that effective interventions must also engage with the psychosocial and relational dimensions of well-being. Beneficiaries frequently encounter overlapping challenges that extend beyond material deprivation, including psychological distress, strained family relationships, and weak community support structures (DSWD, 2022b).

Erikson’s Psychosocial Theory (1950) offers a critical lens for framing these dynamics. His framework suggests that individual well-being is shaped by the interaction between internal capacities—such as resilience, coping mechanisms, and meaning-making—and external supports provided by families, communities, and institutions. From this perspective, financial aid alone is insufficient to sustain recovery. Counseling, emotional support, and

opportunities for social participation are equally vital to preserving relational bonds and enabling adaptive functioning (Healy, 2014; Saleebey, 2013). The present findings resonate with this framework: beneficiaries in Zamboanga City described not only the relief of financial burdens but also the psychosocial security, family solidarity, and adaptive coping strategies that emerged as secondary benefits of AICS support.

Local Philippine research further highlights the need for approaches that are context-sensitive to gender, age, and family roles, which often shape how assistance is accessed and experienced. Jamila and De Castro (2023), in their evaluation of AICS in Sorsogon Province, found that medical assistance was both the most frequently availed and the most highly rated service. They emphasized that timeliness, responsiveness, and relational empathy strongly influenced perceptions of program effectiveness. These findings align with the current study, where medical assistance in Zamboanga City was also rated highest, reflecting both the urgency of health crises and the importance of service delivery that is empathetic and responsive.

Complementing this, Consial et al. (2024) conducted a qualitative case study of AICS services for clients with chronic illness in Cagayan de Oro City. Their analysis surfaced themes of “necessity,” “service responsiveness,” and “saving lives,” which underscore the program’s role as more than a stop-gap measure. Instead, beneficiaries viewed it as a form of life-sustaining intervention. However, the study also identified significant gaps in follow-up services and systemic coordination, signaling that the true value of AICS lies in its integration with broader social support systems. Similar concerns were echoed in Zamboanga City, where referrals to counseling and community programs were essential in addressing psychosocial needs and fostering collective resilience.

At the institutional level, policy and evaluation documents from the DSWD acknowledge that implementation of AICS varies across regions. The DSWD’s process evaluation highlights uneven integration of psychosocial counseling, referral systems, and community linkages (Pdpb.dswd.gov.ph). This admission supports the argument that, while AICS is formally mandated to include psychosocial services, the depth and consistency of such provisions remain contingent on local capacity, coordination, and prioritization. In Zamboanga City, where communities face intersecting risks of poverty, displacement, and conflict, this variability is particularly consequential. The current study’s findings illustrate that when psychosocial and community-based components are meaningfully integrated, AICS contributes to strengthened resilience and improved social functioning; but when these dimensions are underdeveloped, assistance risks being reduced to temporary relief.

Philippine-based scholarship, government evaluations, and international frameworks converge on a central proposition: the Assistance to Individuals in Crisis Situations (AICS) program is more than a financial mechanism; its transformative potential lies in integrating material relief with psychosocial care and community engagement. In Zamboanga City, this integration was evident in the way financial aid reduced household stress, psychosocial counseling supported coping strategies, and community referrals strengthened solidarity, underscoring its multidimensional role in resilience building. The Department of Social Welfare and Development’s *Process Evaluation of AICS* (2022) confirms that the program encompasses not only cash and material assistance but also psychosocial counseling and referral services, while complementary initiatives such as *WiSupport* (2021) expand this by providing psychological first aid and online consultations for crisis-affected populations. These institutional efforts demonstrate an official recognition that psychosocial well-being is integral to crisis response.

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Local scholars reinforce this multidimensional understanding. Jamila and De Castro (2023), in their study of AICS beneficiaries in Sorsogon, found that medical assistance was the most frequently availed form and was highly rated for its timeliness and responsiveness, suggesting that relational empathy and efficient service delivery are critical to perceptions of program effectiveness. Consial, Candalas, and Chavez (2024) conducted a qualitative case study on AICS services for clients with chronic illnesses in Cagayan de Oro, identifying themes such as “necessity,” “service responsiveness,” and “saving lives.” Their findings highlighted how AICS was perceived not merely as emergency relief but as life-sustaining support, though they also identified gaps in follow-up and systemic coordination. Similarly, Magana (2025) observed that in Laguna municipalities, the psychosocial aspects of AICS were unevenly integrated, pointing to disparities in implementation that depended heavily on local government capacity and social worker involvement. These Philippine-based studies collectively highlight that AICS’s effectiveness depends not only on the availability of funds but also on the consistency of psychosocial and relational services at the local level.

National data further substantiate these findings. In 2023, DSWD reported that AICS served 5.3 million clients during the first year of the Marcos Jr. administration, with psychosocial services emerging as one of the most availed forms of assistance alongside food and cash aid (DSWD, 2023). This shift reflects a growing awareness among beneficiaries that well-being involves more than financial relief; it also requires emotional support, relational stability, and access to community resources. Broader policy reviews, such as the World Bank’s *Philippine Social Protection Review* (2022), echo this argument by underscoring the importance of integrating financial aid with long-term social protection strategies that include health, livelihood, and psychosocial interventions.

Theoretically, these insights resonate with Erikson’s Psychosocial Theory (1950), which emphasizes that resilience arises from the interaction of internal capacities (e.g., coping, meaning-making) and external supports (e.g., family, community, institutions). In this light, AICS is not merely transactional assistance but a platform for building psychosocial stability, household cooperation, and community solidarity. When implemented holistically, AICS contributes to what social welfare scholars such as Healy (2014) and Saleebey (2013) describe as “strengths-based practice,” in which clients are supported not only to survive crises but also to adapt, recover, and thrive.

Taken together, these Philippine-based studies and policy evaluations converge on the view that AICS’s true strength lies not in its monetary transfers alone but in its multidimensional impact on recovery, resilience, and agency within vulnerable households. By reducing financial stress, fostering adaptive coping, strengthening family bonds, and linking beneficiaries to community resources, AICS emerges as a holistic welfare intervention. Yet, the literature also makes clear that its transformative potential depends on the consistent integration of psychosocial and community-based services, effective coordination across agencies, and sensitivity to local contexts. This multidimensional perspective positions AICS as both a rapid crisis-response mechanism and a foundation for sustainable resilience, aligning it with global best practices while responding to the unique realities of poverty, conflict, and disaster vulnerability in the Philippines. Building on this literature and empirical context, the present study aims to examine the holistic impacts of the AICS program on client well-being in Zamboanga City. Specifically, it seeks to analyze how financial assistance, psychosocial support, and community referrals intersect to shape beneficiaries’ recovery trajectories, resilience capacities, and household solidarity in the aftermath of crises.

2. Methods and Materials

This study employed a convergent mixed-methods design to examine the holistic impacts of the Assistance to Individuals in Crisis Situations (AICS) program on clients’ well-being in Zamboanga City. A mixed-methods approach, widely recognized in social research, was adopted because it enables both the measurement of statistical patterns and the exploration of personal narratives, thereby capturing the multidimensionality of complex social welfare interventions (Creswell & Plano Clark, 2018; Tashakkori & Teddlie, 2010). Such design is especially useful in policy-focused studies where numbers alone may obscure the lived realities of vulnerable populations, while narratives without quantitative grounding may fail to reflect broader trends (Greene, 2007).

The study population consisted of individuals who had received AICS support across the 98 barangays of Zamboanga City between July 1, 2023, and June 30, 2024.

To ensure representativeness, a proportional stratified random sampling technique was employed, drawing beneficiaries from both congressional districts. Using Slovin's formula at a 95% confidence level and a 9% margin of error, the required sample size was determined at 120 respondents—71 from District 1 and 49 from District 2, proportionally reflecting the distribution of beneficiaries. Stratification was particularly important given the city's heterogeneous socioeconomic landscape, minimizing the risk of over- or under-representing barangays with differing poverty incidence, livelihood opportunities, and exposure to conflict or disasters (Bryman, 2016).

For the qualitative strand, 20 beneficiaries were purposively selected to ensure diversity in gender, age, type of assistance received, and barangay location, consistent with Patton's (2015) principle of selecting "information-rich cases." Inclusion of varied profiles was essential, as socio-demographic data in the city showed that women of working age often assume the role of household crisis managers, particularly in contexts of economic strain (Chant, 2006; Moser, 1993). Among survey participants, 58% were female and 42% male, with the largest proportion aged 25–45 years (46%), followed by 46–60 years (25%), 18–24 years (21%), and 60 and above (8%). In terms of assistance received, 40% accessed food and livelihood support, 35% received medical aid, and 25% availed funeral assistance—categories that reflect the multiple vulnerabilities AICS is designed to address, including income insecurity, health shocks, and bereavement (DSWD, 2022).

To complement the perspectives of beneficiaries, five social workers from the City Social Welfare and Development Office (CSWDO) and the DSWD Field Office were interviewed. Their inclusion provided professional insights into program delivery, operational bottlenecks, and their direct observations of client well-being, adding institutional depth to the individual-level narratives (Yin, 2018).

Data collection was conducted over three months, from June to August 2024. The quantitative survey was administered between June 10 and July 15, 2024, across selected barangays in both districts. Enumerators, trained in ethical interviewing and local language translation (Chavacano, Tausug, and Cebuano), carried out surveys in households and community centers, with sessions scheduled primarily in the mornings and late afternoons when participants were most available. Enumerators reported logistical challenges, such as flooding during the rainy season and difficulty accessing conflict-affected barangays, which required coordination with barangay officials for safe entry. The qualitative interviews followed from July 20 to August 25, 2024, and were conducted in barangay halls, community centers, or respondents' homes, depending on preference and convenience. Each interview lasted 30–45 minutes, allowing participants to discuss their experiences, coping strategies, and satisfaction with AICS services in depth. Consistent with Maxwell's (2013) principle of adapting research to participants' contexts, interview schedules were adjusted to align with daily routines such as fishing, farming, or household duties. During the final week of August 2024, social worker interviews were conducted at the CSWDO and DSWD field offices in Zamboanga City, each lasting about an hour and focusing on program implementation, challenges in psychosocial service delivery, and perceptions of client resilience.

Data analysis followed systematic quantitative and qualitative procedures. Survey data were encoded and analyzed using descriptive statistics (frequencies, percentages, and cross-tabulations) to summarize demographic characteristics, types of assistance received, and levels of satisfaction. Findings were presented in tabular and graphical form for clarity. Qualitative interviews were transcribed and subjected to thematic analysis following Braun and Clarke's (2006) six-phase framework, which enabled identification of recurring themes such as psychosocial well-being, household resilience, family cohesion, and community engagement.

To ensure credibility, inter-coder checks were performed by two independent researchers to minimize bias in theme generation (Nowell et al., 2017). Triangulation of quantitative and qualitative findings was undertaken to enhance validity and interpretive depth, consistent with the integrative logic of mixed-methods inquiry (Fetters, Curry, & Creswell, 2013).

Ethical considerations were central throughout the study. Research clearance was secured from the Research Ethics Oversight Committee (REOC). All participants were fully informed about the purpose of the study, the

voluntary nature of participation, and their right to withdraw at any time. Written informed consent was obtained, and confidentiality was maintained, with pseudonyms used in qualitative reporting. Enumerators were trained to handle sensitive disclosures, particularly among beneficiaries who experienced bereavement or severe financial stress. To uphold academic integrity, the final manuscript was subjected to a Strike Similarity Test to confirm originality.

By situating the study within the 2024 timeframe and grounding it in both quantitative breadth and qualitative depth, the research provides a realistic and holistic understanding of the ways AICS assistance shapes the well-being, resilience, and agency of individuals and households in Zamboanga City.

3. Results and Discussion

This section presents the study's findings and provides an interpretation of how AICS assistance impacted beneficiaries' well-being, focusing on financial relief, psychosocial outcomes, and engagement with community resources.

Immediate Financial Relief

Table 1: Respondents' Satisfaction with Financial Relief

Assistance Type	Mean Satisfaction (1–5)%	Reporting Relief
<i>Medical Bills</i>	4.7	100%
<i>Funeral Expenses</i>	4.5	100%
<i>Food/Livelihood</i>	4.6	100%

The survey results revealed consistently high levels of satisfaction across all forms of assistance provided through the AICS program. Among the three categories of support, medical assistance obtained the highest mean rating ($M = 4.7$), followed by food and livelihood aid ($M = 4.6$), and funeral support ($M = 4.5$). These consistently high ratings demonstrate that the program effectively addressed urgent needs and mitigated the risk of further deterioration in household conditions. In particular, the strong satisfaction with medical assistance reflects the unpredictable and often overwhelming costs of illness for low-income households. Respondents emphasized that AICS spared them from indebtedness and reliance on informal lending, thereby enabling them to cover urgent hospital expenses without incurring long-term financial strain. Analytically, this finding underscores the principle that effective social protection systems must prioritize health-related vulnerabilities, which are both economically destabilizing and emotionally taxing. Although funeral assistance registered the lowest mean score among the three, its value was nonetheless significant. Beneficiaries highlighted that such support alleviated both financial and emotional burdens during bereavement, allowing families to grieve without the added distress of unmanageable expenses.

Similarly, food and livelihood aid contributed to household stability by ensuring basic subsistence and facilitating recovery from income disruptions. Taken together, these results indicate that each form of assistance met distinct but complementary needs: medical aid addressed survival, food support ensured day-to-day stability, and funeral aid preserved dignity in times of loss.

Qualitative accounts enriched these findings by demonstrating how financial assistance translated into psychosocial benefits. Beneficiaries consistently described a reduction in financial stress, particularly when medical emergencies were resolved without recourse to debt. As one participant recounted, paying for a child's hospital bill alleviated not only economic strain but also the anxiety associated with uncertainty. Such narratives highlight the dual dimensions of relief: while financial aid addressed material deficits, it also generated psychological stability, thereby allowing families to focus on recovery and forward planning. Others emphasized that once immediate pressures were eased, they were able to adopt adaptive strategies such as stricter budgeting and exploring supplementary livelihood activities. From an analytical perspective, this demonstrates that short-term aid created enabling conditions for long-term resilience, equipping households with coping strategies that reduce vulnerability to recurring crises.

Another recurring theme concerned strengthened family cohesion. Beneficiaries noted that assistance encouraged cooperation, with family members pooling efforts to manage recovery more effectively. This suggests that the benefits of AICS extend beyond material stability to include relational strengthening within households. Analytically, this highlights a dimension not captured by survey ratings: the program fosters solidarity and collective responsibility, reinforcing the household as a primary unit of resilience. Such outcomes resonate with social welfare perspectives that emphasize the significance of family systems in sustaining recovery and adaptation in the face of adversity.

Taken together, the integrated findings indicate that AICS performs a dual role in supporting vulnerable households. On one hand, it provides essential financial relief that prevents crises from escalating; on the other, it contributes to psychosocial well-being by reducing stress, encouraging resilience, and strengthening family bonds. The program's value thus extends beyond material support, with its effectiveness rooted equally in the psychological security it provides and the trust it cultivates between beneficiaries and government institutions.

At the same time, while consistently high satisfaction ratings confirm that AICS fulfills its mandate as a rapid crisis-response program in Zamboanga City, the findings also underscore the need for complementary services. Long-term well-being cannot be secured through financial assistance alone; it requires additional interventions such as counseling, psychosocial care, and community-based programs that build resilience to recurring vulnerabilities. Analytically, this suggests that the strength of AICS lies not only in its immediate capacity to address crises but also in its potential to serve as a foundation for holistic, sustainable social protection strategies.

Psychosocial and Holistic Impacts

Table 2: Psychosocial and Holistic Impacts of AICS

Theme	Illustrative Quotes	Interpretation
Reduced Financial Stress	<i>"Nabawasan ang kaba ko kasi natulungan akong mabayaran ang ospital ng anak ko."</i> (R3)	Financial aid alleviated immediate economic burdens, reducing psychological distress.
Enhanced Coping Strategies	<i>"Natuto akong mag-budget at humanap ng dagdag na pagkakitaan matapos kong matanggap ang tulong."</i> (R11)	Beneficiaries developed adaptive strategies for managing crises and future challenges.
Strengthened Family Cohesion	<i>"Dahil sa tulong, sama-sama kaming kumilos ng pamilya ko para mas mabilis kaming naka-recover."</i> (R7)	Assistance promoted unity, cooperation, and shared responsibility within households.

The qualitative strand of the study reveals that the Assistance to Individuals in Crisis Situations (AICS) program extends far beyond financial relief, shaping psychosocial well-being, coping strategies, and family dynamics in meaningful ways. Beneficiaries consistently reported that the program alleviated immediate economic burdens, particularly during medical emergencies. As one participant shared, *"Nabawasan ang kaba ko kasi natulungan akong mabayaran ang ospital ng anak ko"* (R3). This account illustrates that financial assistance addressed not only pressing material needs but also reduced psychological distress by mitigating uncertainty and preventing indebtedness. The stability afforded by such aid enabled households to shift their attention away from survival anxieties toward recovery and forward planning. Analytically, this underscores the dual nature of financial assistance: while it resolves urgent material deficits, it simultaneously generates psychological security. This is consistent with broader scholarship linking social protection to improved mental health outcomes by reducing stressors associated with economic insecurity.

Another salient theme concerned the development of adaptive coping strategies following receipt of AICS assistance. One respondent reflected, *"Natuto akong mag-budget at humanap ng dagdag na pagkakitaan matapos kong matanggap ang tulong"* (R11). Such narratives reveal that AICS facilitated more than short-term relief; it also encouraged beneficiaries to strengthen financial management skills and pursue supplementary income sources. This transition from reactive crisis management to proactive financial planning demonstrates the

program's developmental potential. By reducing immediate pressures, AICS created cognitive and emotional space for beneficiaries to cultivate strategies that enhance long-term adaptive capacity, thereby reinforcing household resilience.

The study also highlights the role of AICS in fostering family cohesion. A respondent noted, "*Dahil sa tulong, sama-sama kaming kumilos ng pamilya ko para mas mabilis kaming naka-recover*" (R7). This testimony suggests that financial support served as a catalyst for cooperation within households, strengthening solidarity and shared responsibility during crises. Rather than fragmenting under stress, families often reported greater unity, with collective action accelerating recovery. Analytically, this demonstrates that material interventions can generate social spillover effects, shaping not only individual well-being but also relational dynamics within families. In this regard, AICS reinforces the family as a critical unit of resilience in times of adversity.

Taken together, these insights demonstrate that AICS operates not merely as a financial safety net but as a multidimensional intervention encompassing psychosocial relief, capacity-building, and relational strengthening. These findings resonate with Erikson's psychosocial framework, which emphasizes the role of external supports in enabling adaptive functioning across life stages. Within this lens, AICS emerges as more than a monetary transfer; it represents an enabling mechanism that fosters dignity, enhances coping skills, and sustains cohesive household relationships during crises.

These findings also align with Philippine-based research affirming the multifaceted benefits of AICS. Consial et al. (2024) observed that while beneficiaries in Cagayan de Oro emphasized the value of immediate financial relief, many also identified improvements in household decision-making and cooperation. Similarly, the Department of Social Welfare and Development (2023) reported that AICS-assisted families managed urgent expenses more effectively while simultaneously strengthening internal support systems and their capacity to cope with recurring crises. Taken together, these studies reinforce the present analysis, which concludes that AICS generates both economic and psychosocial gains. This confirms international evidence that social protection interventions achieve sustainable impact only when they integrate material, psychological, and social dimensions.

Community Engagement and Referral Services

Another significant result was AICS's facilitation of access to community resources. Table 3 summarizes the services to which beneficiaries were referred.

Table 3: Beneficiary Engagement in Community Services

<i>Service Referral Type</i>	<i>Number of Beneficiaries</i>	<i>Percentage (%)</i>
<i>Health Services</i>	35	29%
<i>Skills Training/Livelihood</i>	28	23%
<i>Community Programs/Support</i>	25	21%
<i>Follow-up Visits/Counseling</i>	32	27%

The results reveal that referrals under the Assistance to Individuals in Crisis Situations (AICS) program were distributed across four major service domains, each highlighting a distinctive dimension of crisis response and recovery.

The largest proportion of referrals (29%) was directed toward health services, emphasizing the primacy of medical needs during crises. This finding underscores the fact that health-related emergencies are among the most destabilizing shocks for low-income households.

Sudden illnesses, hospitalizations, and medical expenses often exhaust scarce resources, forcing families into cycles of indebtedness and vulnerability. This pattern is consistent with national statistics, which identify unplanned health expenditures as a leading cause of economic instability among Filipino households (PSA, 2022). By prioritizing medical support, AICS not only addresses immediate health needs but also mitigates the financial risks of untreated illness and unpaid medical bills—thus preventing crises from cascading into deeper poverty.

Referrals to skills training and livelihood programs accounted for 23% of cases, highlighting AICS's role in integrating proactive strategies for resilience-building. Unlike purely reactive relief mechanisms, this component reflects a deliberate effort to empower beneficiaries through capacity development and income generation. The participation of clients in livelihood support indicates recognition that sustainable recovery requires structural interventions beyond cash assistance. International evidence demonstrates that social protection schemes incorporating livelihood support effectively reduce long-term dependency and strengthen adaptive capacities (Samson et al., 2018; World Bank, 2022). Within the Philippine context, this trajectory resonates with the DSWD's (2022) social protection framework, which situates economic empowerment as a cornerstone of crisis recovery.

Meanwhile, community programs and support groups represented 21% of referrals. This dimension is analytically significant because it demonstrates how AICS extends beyond individual relief to foster collective resilience. By linking beneficiaries to community-based structures, the program enhances access to solidarity mechanisms, shared coping strategies, and peer support networks. Such interventions are particularly salient in areas like Zamboanga City, where overlapping vulnerabilities—poverty, displacement, and localized conflict—demand collective strategies for survival and adaptation.

This role of AICS reflects a shift from a narrow focus on individual welfare to a broader orientation toward community resilience.

Finally, follow-up visits and counseling services comprised 27% of referrals, underscoring the program's recognition of psychosocial well-being as integral to recovery. The relatively high proportion of psychosocial referrals suggests that beneficiaries' struggles extend beyond financial and material needs to include emotional distress, relational strain, and anxiety. By providing counseling and sustained follow-up, AICS strengthens coping mechanisms, supports family cohesion, and enhances community solidarity. These outcomes align with global findings that psychosocial interventions embedded in social protection programs reduce vulnerability to recurring crises and contribute to long-term household stability (Lund et al., 2020; Patel et al., 2018).

Taken together, the distribution of referrals illustrates that while health services remain the most urgent and immediate concern, the overall referral pattern reflects the multidimensional character of AICS. The program does not merely dispense financial assistance; rather, it operates as a platform that links beneficiaries to a range of complementary services spanning health, livelihood, community participation, and psychosocial support. Such an approach resonates with the principles of holistic social welfare practice, which integrate short-term relief with long-term resilience strategies and social functioning.

In the case of Zamboanga City, where households face persistent risks from poverty, armed conflict, and natural disasters, the multidimensional design of AICS acquires particular relevance. By combining immediate crisis intervention with opportunities for sustainable recovery, the program aligns with global best practices in social protection (UNICEF, 2021; World Bank, 2022). Ultimately, the evidence positions AICS not only as an emergency response mechanism but also as a transformative model of integrated welfare delivery, capable of simultaneously mitigating vulnerability and promoting resilience among at-risk populations.

The findings of this study demonstrate that the Assistance to Individuals in Crisis Situations (AICS) program in Zamboanga City functions as a multidimensional intervention that goes beyond financial transfers. By linking beneficiaries to a range of services, easing immediate financial pressures, and strengthening both psychosocial well-being and family solidarity, AICS emerges as a crucial mechanism for crisis response and recovery. The integration of quantitative and qualitative data underscores that the program addresses not only urgent material needs but also the deeper social and psychological dimensions of resilience.

The distribution of referrals highlights the centrality of health-related support, with 29 percent directed toward medical services. This reflects the reality that medical emergencies are among the most destabilizing shocks for low-income households, where sudden hospitalization costs often lead to indebtedness or reliance on informal lending. Survey results reinforce this finding: medical assistance received the highest satisfaction rating ($M = 4.7$), with respondents consistently emphasizing that AICS spared them from financial collapse during health crises.

These outcomes validate AICS's function as a rapid crisis-response mechanism, one that prevents emergencies from cascading into long-term poverty.

At the same time, referrals to skills training and livelihood support (23%) reveal that AICS also integrates developmental dimensions into its interventions. Beneficiaries reported using assistance as an opportunity to improve budgeting skills and seek supplementary livelihoods. Such transitions from reactive to proactive strategies indicate that AICS reduces immediate stressors while enabling households to cultivate adaptive capacities, thereby aligning with global best practices that link social protection with sustainable economic empowerment (Samson et al., 2018; World Bank, 2022).

Food and livelihood aid, which earned a mean satisfaction score of 4.6, further underscores the importance of subsistence security. By ensuring access to basic needs during periods of disruption, AICS stabilized households in the short term while facilitating recovery in the medium term. Funeral assistance, though slightly lower in rating ($M = 4.5$), carried profound value for beneficiaries by alleviating both financial and emotional pressures during bereavement, preserving dignity in moments of vulnerability. Taken together, the economic dimension of AICS demonstrates that each form of assistance addressed distinct but complementary needs: survival, stability, and dignity.

The qualitative strand reveals that the impact of AICS extended beyond material relief to encompass psychosocial well-being. Beneficiaries consistently described how financial assistance reduced anxiety and restored a sense of stability. As one respondent noted, paying hospital bills through AICS eased not only financial pressure but also the emotional burden of uncertainty. This confirms that effective social protection operates along dual trajectories: it addresses immediate deficits while simultaneously reducing psychological distress. Such outcomes resonate with global research linking social protection to improved mental health (Lund et al., 2020; Patel et al., 2018).

Counseling and follow-up visits, which accounted for 27 percent of referrals, further reinforced the program's attention to psychosocial needs. The relatively high incidence of these referrals suggests recognition that crises generate not only financial but also emotional disruptions. Qualitative accounts similarly show that once immediate pressures were alleviated, households could refocus on recovery and even begin adopting adaptive strategies such as financial planning. Analytically, this indicates that psychosocial relief is not peripheral but central to the program's effectiveness, as it creates the conditions under which resilience can be cultivated.

Beyond individual outcomes, the findings emphasize the role of AICS in reinforcing family and community systems. Respondents frequently reported that assistance strengthened household cooperation, with members pooling efforts to accelerate recovery. One participant shared, "*Dahil sa tulong, sama-sama kaming kumilos ng pamilya ko para mas mabilis kaming naka-recover*" (R7). This reflects a critical social spillover effect: rather than fragmenting under stress, families used crises as opportunities for solidarity.

Community program referrals (21%) underscore the program's function as a gateway to collective resilience. Engagement in support groups and local initiatives expanded access to peer networks and shared coping strategies, which are particularly vital in Zamboanga City's context of poverty, displacement, and conflict. In this sense, AICS's significance lies not only in stabilizing individual households but also in reinforcing the relational infrastructures that sustain recovery at both family and community levels.

Taken together, the integrated evidence positions AICS as a dual-function program: it acts as an immediate crisis-response mechanism while also fostering long-term resilience. Its effectiveness rests in its multidimensional design, which addresses economic stability, psychosocial well-being, and relational cohesion. This reflects the principle of holistic social welfare; wherein short-term relief is interwoven with long-term strategies for adaptation and recovery.

However, while satisfaction ratings confirm that AICS fulfills its mandate as a rapid-response mechanism, the findings also highlight the necessity of complementary services. Long-term resilience cannot be secured through financial relief alone. Sustainable recovery requires psychosocial interventions, skills development, and community-based mechanisms that address recurring vulnerabilities. Thus, the program's strength lies not only

in its current effectiveness but in its potential to serve as a foundation for more comprehensive and sustainable social protection strategies.

However, In Zamboanga City, where households remain vulnerable to the intersecting risks of poverty, conflict, and disaster, AICS demonstrates significant capacity to mitigate vulnerability and promote resilience. By reducing immediate financial strain, fostering psychological security, and reinforcing family solidarity, the program extends beyond the traditional scope of cash assistance. Its integrated framework places it in alignment with global best practices in social protection (UNICEF, 2021; World Bank, 2022), offering a model of welfare intervention that is both responsive and transformative.

4. Conclusion

This study demonstrates that the Assistance to Individuals in Crisis Situations (AICS) program in Zamboanga City delivers multidimensional benefits by addressing immediate financial crises while simultaneously fostering psychosocial well-being, family cohesion, and household resilience. Quantitative evidence confirms that timely assistance for medical expenses, funeral costs, and livelihood needs mitigated urgent economic pressures and reduced reliance on harmful coping mechanisms. Complementary qualitative insights reveal that AICS not only alleviated financial stress but also enabled beneficiaries to develop adaptive strategies and reinforced solidarity within households, highlighting its psychosocial and relational impact. These findings affirm that financial relief, while essential, is most effective when complemented by psychosocial support and community linkages. This perspective aligns with Erikson's Psychosocial Theory, which underscores the interplay of internal coping capacities and external supports in sustaining well-being across life stages. By reducing immediate uncertainty, AICS created an environment where households could redirect their focus from survival to recovery, planning, and adaptation, demonstrating its role as both a safety net and a resilience-building mechanism. The study also highlights the significance of AICS referral mechanisms, which enabled beneficiaries to access health services, livelihood opportunities, and counseling. This shows that the program's impact extends beyond material relief to strengthen adaptability and self-reliance, reflecting a systems-oriented approach to social protection. Overall, the evidence indicates that AICS achieves its fullest potential when financial aid is systematically integrated with structured psychosocial interventions, follow-up mechanisms, and community-based resources. Analytically, this suggests that the program's value lies not only in mitigating crises but also in promoting long-term resilience, empowering households, and reinforcing the role of the family as a unit of recovery. For policymakers, the findings underscore the importance of institutionalizing complementary services within AICS to ensure that its benefits extend beyond immediate relief, positioning the program as a cornerstone of holistic and sustainable social protection in the Philippine context.

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