



# Development, Implementation, and Evaluation of Early Childhood Development Health Community Projects in Laguna, Philippines, to Support Sustainable Development Goals (SDGs)

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## ABSTRACT

Health is essential for overall well-being, especially in early childhood, as it enables optimal physical, cognitive, and emotional development. This study investigates a community-based health initiative aimed at improving child wellness in Laguna, Philippines. It identifies major challenges such as malnutrition, infectious diseases, poor sanitation, and limited caregiver health literacy. Using community needs assessments and interviews, the program implemented strategic interventions through health fairs and seminar-training sessions that encouraged awareness and active participation. Evaluation results indicated improved knowledge and daily application of health practices among participants. The initiatives also received high satisfaction ratings, demonstrating effectiveness and sustainability potential. The study recommends continuous community engagement, expanded health education, and stronger stakeholder collaboration to sustain and scale these initiatives. Overall, the project contributes to enhancing children's health outcomes and supports long-term developmental goals aligned with community empowerment and sustainable health promotion.

## ARTICLE INFO

### Article History:

Submitted/Received 19 Jul 2025

First Revised 25 Aug 2025

Accepted 20 Oct 2025

First Available online 21 Oct 2025

Publication Date 01 Mar 2026

### Keyword:

Children,  
Community,  
Early childhood,  
Health,  
Interventions  
Malnutrition.

## 1. INTRODUCTION

One of the key aims of the Sustainable Development Goals (SDGs) is to ensure good health and well-being for all by 2030. These global targets, established by the United Nations, were designed to measure each country's progress toward long-term development. However, with only five years remaining until the deadline, many parts of the world are still struggling to meet this goal, as reflected in ongoing health challenges, reported data, and real-life experiences across different populations.

In a broader sense, health is a fundamental foundation for everyone's overall well-being. It enables the human body to function and perform optimally. By definition, it is a condition of complete physical, mental, and social well-being, which decreases the chances of any disease or illness humans might acquire. It is one of the most significant aspects of the human body, specifically for children in early childhood. Children's health is a cornerstone of human and societal development, as it is crucial for children's fast physical growth, cognitive development, and emotional progress. Unhealthy food and beverages are a critical concern for Filipino children (Smith *et al.*, 2024). The implementation of preventive health measures at the local and household level can help ensure that children address different health determinants, including proper nutrition, hygiene, physical activity, and mental health support (see <https://www.unicef.org/early-childhood-development>).

Globally, according to data from the World Health Organization in 2020 (see <https://www.who.int/activities/improving-the-mental-and-brain-health-of-children-and-adolescents>), millions of children have been experiencing health struggles, which ultimately may hinder development in terms of physical, cognitive, emotional, and social growth. These health challenges, such as diseases, malnutrition, poor sanitation, and lack of health education, have continuously developed in different countries and regions. These issues are highly influenced by socioeconomic status, cultural practices, environmental conditions, and inadequate support from the government (Galler, 2021).

In the Philippine context, specifically in Los Baños, Laguna, challenges such as the health aspects have been prevalent and evident, particularly in the early childhood sector. In some areas, the community struggles to access health care support. Although communities have accessible health facilities such as health centers and social welfare programs, individuals, especially children, still face risks associated with malnutrition, infectious diseases, and limited health literacy among caregivers. Some researchers noted the importance of collaboration between communities and other entities towards effective and efficient health care systems (LeBan *et al.*, 2021).

The significance of local community involvement in addressing children's health cannot be overstated. As part of the community set-up and community-led initiatives, the education programs are vital in promoting preventive health behaviors (Alazwari *et al.*, 2023). Consequently, collaboration and engagement, enshrined in the virtue of trust, are crucial in every partnership (Nandyal *et al.*, 2021). One of the feasible programs to be implemented is the health promotion involving interactive activities, which encourage children to participate in activities that would help them improve their health. Despite these efforts, notable challenges persist. There are still concerns for the health of children, such as poor nutrition, lack of knowledge, poor sanitation, and infectious diseases. Indeed, behavior greatly impacts overall physical attributes (Dominguez & Hall, 2022).

With these precedents, this study determines that caregivers and parents must be fully aware of their children's health status. The importance of educating parents about proper nutrition, hygiene, and disease prevention is underscored by their direct influence on children's daily routines and health choices. The role of parents presents a significant element

towards achieving the desires of Filipino children (Javier *et al.*, 2022). For example, parents influence eating habits by setting an example to those around them (Zielińska *et al.*, 2021), aside from providing the appropriate nutrition that children should receive (Fazrin *et al.*, 2022). The community's existing educational programs, including seminars and workshops, aim to empower caregivers with essential knowledge and skills. Especially for those in the high-risk areas, children are more susceptible to having nutrition concerns (Ieiri *et al.*, 2021). Ultimately, this is being hindered by the parents' lack of and limited knowledge of nutrition-related information and eating habits (Sharma *et al.*, 2023).

After interviews with the community officials and conducting a needs assessment, the following main objectives were identified to aid in improving the health practices and well-being of early childhood children and their families in a community in Los Baños, Laguna, which are addressed through targeted educational and assessment interventions: (i) to educate children and their caregivers on the importance of maintaining proper health by promoting good nutrition, hygiene practices, positive mental health, and a physically active lifestyle to ensure overall well-being and prevent illness and (ii) to equip parents with essential knowledge and practical skills in preventive measures and first aid techniques to effectively manage common health emergencies and ensure the safety of their children.

## 2. METHODS

This study utilized an ADDIE model to explain the methodology and process. The ADDIE model is one of the most common models used in the instructional design field, a guide to producing an effective design (Aldoobie, 2015). This acronym stands for Analysis, Design, Development, Implementation, and Evaluation.

### 2.1. Analysis Phase

During the analysis phase, a comprehensive understanding of the community's current situation and challenges related to children's health was established through a combination of needs analysis and interviews. The needs analysis involved identifying gaps between the existing challenges and desired outcomes in the community concerning the health of their children, particularly in the community under study. To further support, interviews were conducted with the community officials and nutrition scholars (BNS) to provide further background information on the community's situation, common pain points, and the perspectives of those trying to solve community issues. Through this dual-method approach, the analysis phase successfully outlined the core concerns of the target community. It established a clear foundation for developing practical solutions for the early childhood health challenges.

### 2.2. Design Phase

Based on the findings from the analysis phase, a strategic plan was developed to address the identified needs and challenges. The design phase involved the creation of clear main objectives per project and expected outcomes, selecting appropriate methods, and drafting proper content for each project.

### 2.3. Development Phase

The development phase includes the proposed solutions from the design phase, where each objective was identified and translated into tangible outputs ready for implementation. This phase contains material procurement required for each health project, including food for the participants and community staff, visual aids, venue designs, and tokens for the

participants and guest speaker, using locally available and cost-effective materials. This phase also included the preparation of the volunteers through workshops and interviewing professionals, ensuring that each member is equipped with the necessary knowledge and skills, and establishing that the projects to be implemented are appropriate in addressing the community's needs. At the end of the development phase, all materials and support necessary are finalized and prepared for the implementation stage.

#### **2.4. Implementation Phase**

The implementation phase focused on executing the planned projects into action in the target community. This stage aimed to improve the health practices and well-being of early childhood and their families. The implementation was carried out over a specified period. The Health Project 1 participants were children aged 3 to 8. The project is a health fair that consists of four booths, mainly focusing on explaining nutrition, hygiene, and mental and physical health. The children are grouped into teams and rotate around each booth. Tokens of appreciation were distributed to the participants after completing the booths. Meanwhile, the Health Project 2 is a seminar-training project focusing on standard first aid, where the participants are the caregivers of the children in the community. Individual demonstrations and informative discussions on emergency medical assistance were held. After the project, tokens and souvenirs were distributed among the participants.

#### **2.5. Evaluation Phase**

The evaluation phase assesses the impact and sustainability of the implemented interventions to address the health concerns in the community. After each project implementation, evaluation forms were given to the participants. For the first project, a two-part drawing evaluation was given to the participants. The second project used an adapted and revised evaluation form for the participants. The evaluation forms were used to gather feedback and identify areas for improvement.

### **3. RESULTS AND DISCUSSION**

#### **3.1. Health Project 1**

The activity 'Start Early, Begin at Home: Community Health Fair for a Healthy Future' is a seminar workshop that aims to raise awareness on the recommended practices on different health aspects and to provide a venue for children to have a hands-on experience through interactive and creative discussions. The main objective of the activity is to educate children and their caregivers on the importance of maintaining proper health by promoting good nutrition, proper hygiene practices, positive mental health, and a physically active lifestyle to help in their overall well-being and prevent illnesses. Specifically, the project expects these outcomes: (i) Raise awareness among children and caregivers of the proper health practices inside and outside of the household; (ii) Discuss the health aspects: nutrition, hygiene, physical, and mental health in an informative and creative manner; (iii) Create a play-based learning atmosphere to engage children's participation in the booths; (iv) Provide tools or materials for creating a health kit with items representing the different health aspects; and (v) Promote practices to enhance the children's overall knowledge of a healthy lifestyle.

The activities spanned two hours and had four booths, namely nutrition, hygiene, physical, and mental booths. Each booth has an interactive discussion and a hands-on activity, led by the members of group one. The information from each booth was researched and confirmed through professionals specializing in their respective fields of health. The nutrition booth had two activities, which were the food mat painting and an informative discussion of the

Pinggang Pinoy (Filipino Plate). The hygiene booth had a total of four activities: two facilitator demonstrations and two volunteer demonstrations for toothbrushing and handwashing techniques. The physical booth had two activities, which were the teaching of a stretching routine and a traditional Filipino game, specifically, piko or hopscotch.

### **3.1.1. Activity Output**

The total registered participants was 20 children. Although other children joined in despite not being officially registered, the group prioritized children aged 8 years old and below as the target participants of the project. Additionally, parents were seated around the area to help ensure the safety of the children during the activity. The ingress of group one started at 1:30 PM, with the help of volunteers who brought in the tent, chairs, and tables into the open area. There was also a present Health Worker during the project implementation. The registration started at 3:00 PM. The program facilitators asked the children present in the area to create a line, and the registration committee asked for their names and gave them name tags and wristbands to confirm they are registered participants.

Once registration is done, all the children are asked to settle in the middle of the venue. At 3:10 PM, the program facilitator started the program, as it was also highlighted that the goal of the program is to learn, be happy, and be healthy: this is to inform the children of the encompassing goal of the project. Additionally, the children were taught that once the time allotted is finished in the booths, they hear a whistle, which is their signal to stop the activity they're doing. During the giving of instructions, the children were asked to count from one to four to group themselves, each number assigned to a booth. After this, the children were asked to go to their respective stations. Number one went to the nutrition booth, number two to the hygiene booth, number three to the physical booth, and number four to the mental booth.

Once the children were in the booths, the simultaneous activities started. In the nutrition booth entitled 'Packed with Nutrients, Full of Fun!', the facilitators started by distributing a piece of paper and asked the children to draw their favorite food. The purpose of this activity is to gauge the participants' food consumption in their households. Once done, the facilitators proceed to discuss the different food groups in the Filipino Plate by raising a picture of different food items and asking the children to identify the picture shown. After this, the facilitator differentiated the Go, Glow, and Grow food groups and explained the purpose of each group in a person's body. To end the nutrition booth activities, the teacher gave each student a sticker to reward them for their participation.

In the hygiene booth entitled 'Hero of Cleanliness, Hero of Health', the facilitators started by asking the students if they wash their hands often in their houses. This is to gauge whether the children already have information about handwashing. Once done, the facilitator showed the correct handwashing technique through a detailed demonstration and by singing the Happy Birthday song to help them with how long the handwashing should be. To check the children's learning, the teachers asked for volunteers to demonstrate what they had learned, although the facilitators helped the children in learning the routine by doing the process with them. After this, the facilitator showed the correct toothbrushing technique by showing a large cut-out of a set of teeth and a large cut-out of a toothbrush. The teacher demonstrated this by pretending to brush the photo to show the circular motion in brushing teeth while explaining the details of the process. The facilitators also asked for one volunteer to demonstrate what they had learned. To end the activities, the teachers rewarded the children for their participation by giving them stickers.

In the physical health booth entitled 'Active Bodies, Happy Children', the facilitator started by teaching 3 stretching steps. After each step, the teacher recaps by asking the children to do the step demonstrated, and once the three steps are done, the teacher and the participants combine the steps with music and repeatedly do this for one minute. After this, the group proceeds to play a Filipino traditional game called piko or hopscotch. The goal of the game is to get past each number by hopping on one foot in each and learning how to count from one to nine. Once finished with the trial, the children try to play the game on their own with the assistance of the teachers. In the instances that the booth finished before the allotted time, the group repeats the stretching routine done in the first activity in the booth. To end the activities, the facilitators awarded each child with a sticker.

In the mental health booth entitled 'Mental Health Care for Children', started by checking how the children felt before the activities started, with each emotion assigned to a specific action. For example, if they're feeling happy, the instructor asks them to jump once, or if they're feeling sad, the instructor asks them to hug themselves. After this, the facilitator asked if the participants were familiar with the movie 'Inside Out' by showing a printed poster showing all five emotions highlighted in the movie. Once done, using emotional flashcards, the teacher asked the children to identify and recreate the emotion. The participants are also asked the time they last felt the different emotions. To proceed, the instructor demonstrated a breathing exercise, which is explained by pretending to smell a flower and blowing out a candle, to replicate the inhalation and exhalation of breath. To recap the information learned, the facilitator showed the flashcards again and asked the children to identify and replicate the emotion. The facilitator ended the activities by awarding stickers to the children.

After the booth rotation cycle, the participants and facilitators went on a wellness break for approximately 30 minutes. The food was distributed by the food and refreshments committee. The food included rice and fried spring rolls with a corn and carrot side dish to represent each food group discussed in the nutrition booth. Additionally, all the children and parents present were also given a bottle of water each.

Before concluding the program, the overall facilitator introduced the evaluation form. The instruction is to draw the most memorable experience the participants had during the activities. Furthermore, in the lower part of the evaluation sheet, there were 5 blank stars. The children should color the stars based on how much they enjoyed the project. The teachers gave out evaluation forms to both registered and unregistered participants. Group One categorized the evaluation into two categories: drawing evaluation and star rating. The results of the drawing evaluation may vary due to the interpretation of the evaluator. Additionally, the total number of evaluators does not equate to the number of participants due to multiple categories that one evaluation form may have. The result of the tallied evaluation forms is shown below.

Based on the drawing evaluation, the most memorable activity for most of the students was the nutrition booth, with 10 students, and the physical booth, with 9 students, who drew an item related to these booths. The hygiene booth is also memorable, with 7 students who drew an item related to the booth. The mental booth with the least memorable count at 3 students who drew an item related to the booth. Although the method of evaluation may have limitations such as time constraints, lack of knowledge in drawing a specific item, and the interpretation bias of the evaluator.

Based on the star rating, 17 students out of 20 rated 5 stars, which means they enjoyed the overall project five out of five, the highest rating possible. Two out of 20 students rated the project 4 stars, and 1 student rated the project 3 stars. The limitations of the star-rating evaluation are time constraints and the interpretation bias of the evaluator.

After the evaluation was done, the facilitators gave out a health kit to the registered participants. This contains alcohol, soap, shampoo, toothpaste, toothbrush, face mask, cotton buds, face towel, reusable water bottle, vitamins, crayons, and coloring book. In addition to this, the group also gave out flavored milk in a Tetra Pak to accommodate participants who are not in the age range of the target participants or the unregistered participants, to show appreciation for their participation in the activities. To end the program, the program facilitator called on the overall facilitator to give thanks to the participants and their parents for their time and participation. The students were also reminded of the goal of the project, which the participants were able to recall.

In summary, the activity was able to succeed in targeting the main objective and expected outcomes through the project methodology. Although issues were encountered, the project was executed in the anticipated manner with the expected participants.

### **3.1.2. Activity Impact of Success**

The project aimed to create a fun and meaningful learning experience for the children who joined. Through interactive booths, they were introduced to important topics like nutrition, hygiene, physical activity, and mental health in ways that were simple and engaging. Instead of traditional lectures, the children explored these topics through games, art, movement, and conversation, making the experience lighter and more relatable for them.

Throughout the different booths, the children had the opportunity to draw their favorite foods, practice proper handwashing and toothbrushing, stretch and move through fun games, and learn how to recognize and express their emotions. These activities made it easier for them to connect health lessons to everyday actions.

Parents and caregivers were also present during the event. Their presence provided not only supervision but also quiet encouragement as they witnessed the children's participation. It highlighted how health education becomes stronger when it is supported both at home and within the community. The evaluation results suggested that the booths focusing on nutrition and physical activity left strong impressions, with many children choosing to draw scenes from those stations. Most participants also rated the activity highly, with 17 out of 20 giving a five-star rating. Although children's interpretations may vary, these results suggest that the event was both enjoyable and memorable for them.

For the facilitators, the project served as an important learning experience. It was an opportunity to apply what was studied in class, work together under real conditions, and understand the realities of community engagement. It showed the value of making learning fun, of being flexible when plans shift, and of always focusing on the needs of the participants. While challenges arose, the experience contributed to overall growth not only as facilitators but also as future professionals committed to making a difference in the lives of others.

## **3.2. Health Project 2**

The activity "Fight the Disease: Training Towards Healthy and Safe Health" is a seminar-training focusing on educating parents about the standard first aid techniques that their family can benefit from. The main objective is to aid parents with accurate information and equip them to make informed decisions about their child's overall health and well-being. Specifically, the project aims to: (i) Raise awareness by showing parents the importance of incorporating this knowledge into their daily routines and practices; (ii) Demonstrate preventive measures for common health emergencies for children, such as cuts, burns, choking, fever, and nosebleeds; (iii) offer parents essential and practical skills that can positively impact their child's overall health; and (iv) promote knowledge, practices, and

preparedness on unexpected health emergencies that might occur in the family. The activities spanned 2 hours with a resource speaker who is a trained emergency medical technician (EMT). The resource speaker has prepared his own discussion flow and bought his own first aid kit for the different scenario demonstration.

### **3.2.1. Activity Output**

The total registered participants were seven parents. Supposedly, the expected target number of attendees was 20 parents, but due to unforeseen circumstances, the number of registered participants decreased. Additionally, the parents came with their children. Some of the kids were seated on the other half side of the venue and were entertained by the volunteers so the parents could focus on the seminar proper. The ingress of the group started with the help of the group's two volunteers, who organized the designs, chairs, projector, and sound system. The registration started at 1:00 PM. The registration committee asked for the parents' names and gave them name tags to be easily identified during the seminar and to confirm that they are registered participants. During the project implementation, a community officer was also present at the seminar, who supervised the seminar proper.

Once registration was done, participants were asked to settle down. The children were also asked to settle down and were started to be entertained by the volunteer students through coloring and activities. At 1:40 PM, the program facilitator started the program, introducing the program properly. The guest speaker then proceeded to explain, share his knowledge, and demonstrate the proper ways to do the standard training techniques depending on the situation. In between the seminar training, the speaker asks for volunteers to participate in the proper demonstration, such as on the proper way to help a child or their family member when choking, having a fever, convulsing, and a nosebleed. As well as on how to do proper cardiopulmonary resuscitation (CPR) on children and adults, both men and women. Since there are only a few participants, the resource speaker had more time to have each participant demonstrate one of the topics that he had demonstrated earlier during the seminar talk. Once the seminar training was done, the program host started opening the floor for the question-and-answer portion.

Once the seminar training proper was over, there was a 20-minute break, and food and refreshments were distributed to the guest speaker, participants, and their children, and to the community staff present on the event day. After the break, the program facilitator introduced the evaluation forms. The forms were distributed to the participants, and they had 10 minutes to answer the questions. Then, it was followed by the awarding of the certificates and token to the speaker. The distribution of the basic first-aid kits to the participants was also done right after. The basic first-aid kit consisted of band-aids, alcohol, betadine, cotton, surgical tape, bandages, scissors, and gauze. After the closing remarks, a group photo was taken to commemorate the event. Before the participants left the venue, another token of appreciation (two packs of biscuits per participant) was distributed. Ideally, it was supposed to be one pack per participant; however, due to the low number of participants, it was decided at the last minute to distribute two packs per person.

Seven participants attended and answered the evaluation form after the project implementation. Based on the participants' responses, all of them rated 5 as having strongly agreed to the four aspects— seminar, demonstration, venue, and overall. All participants strongly agreed that the topic of the seminar was effectively presented by the speaker. The resource speaker is prepared and knowledgeable, willing to address the questions of the participants. Additionally, they found the content of the seminar was helpful for their family and the relevance of the topic.

For the demonstration part, all of the participants rated 5, who strongly agree that the resource speaker demonstrated the proper procedure of first-aid techniques. 6 participants gave a rating of 5, and 1 participant rated 4, as they found the given scenarios for demonstrations were relevant. All participants also found that the demonstration is highly beneficial to gain knowledge for them, and the training engaged them to stay interested and participate. Six participants strongly agreed, and 1 participant that the venue where the event took place was organized, and the chosen time was appropriate. Lastly, the overall evaluation of the parents had rated 5 strongly agree by 6 participants, and 1 participant rated 3 neither that the content of the overall program was well-presented, and all participants rated five (5) strongly agree that the program is beneficial for potential emergencies.

### **3.2.2. Activity Impact of Success**

The project aimed to educate parents about the standard first aid techniques that their family can benefit from in case of emergencies. Through this seminar training, the resource speaker was able to share his knowledge on the standard first aid training techniques, which will ultimately aid the caregivers in case of an emergency, especially ones that involve their children. With the help of the resource speaker, the caregivers who were present were able to individually try for themselves the different standard first-aid techniques. They were also able to try the proper way of responding in case the child or one of their family members was choking. As there was by partner simulation regarding the topic of choking. Additionally, they were taught how to conduct proper cardiopulmonary resuscitation (CPR) on both males and females, which may help them in responding to situations that require it. The questions of the audience were also adequately answered by the resource speaker, which helped the participants to have a clear and better gauge in case the scenario happens. Moreover, the evaluation results showed that the participants enjoyed the program and helped them gain proper knowledge on how to respond to certain emergencies.

## **4. CONCLUSION**

This present study focused on improving the health and well-being of early childhood in a community in Los Baños, Laguna, Philippines, through a community-based approach. Through conducting needs assessments and interviews, the health challenges were addressed through two projects, mainly through the workshop and a seminar training. The results showed that the participants had a positive experience with the implementation of activities, gained useful knowledge, and were able to apply what they learned in daily life practices. Overall, the initiative had positive feedback from the community and showed promise for long-term improvement.

Although the implementation of the projects was successful, there are several limitations. First, there was a limited sample size as it was conducted in a specific community, which may not fully represent the broader population. Second, there may be time constraints, as the implementation was only carried out within a limited timeframe, restricting the ability to observe long-term impacts on the community. Third, the resource availability, as the budget limitations affect the production of materials needed, as well as tokens for the participants.

As for the recommendations, the future volunteer students are encouraged to develop a deeper understanding of the community setting before immersion and establish rapport with community officials, health workers, and community participants. For the stakeholders: the community officials, health workers, and community volunteers, it is encouraged to maintain their support for student-led initiatives by actively participating in preparatory meetings and project implementation. Caregivers are advised to reinforce the health and wellness practices

introduced during the field activities in their daily routines. In addition, the local government of Los Baños is encouraged to continue its support for community-based health and development initiatives by allocating appropriate resources and endorsing collaborative activities between communities and academic institutions.

## 5. AUTHORS' NOTE

The authors declare that there is no conflict of interest regarding the publication of this article. Authors confirmed that the paper was free of plagiarism.

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