Empowering Communities through University Partnerships in Public Health: A Pilot Project in Nepal and the Philippines

Project Lead
University of Sussex
Brighton, United Kingdom

Partner University
University of Santo Tomas
Manila, Philippines

Country Specific Report: Philippines

2024

Report Authors

Lead Authors

Ma. Teresa Tricia G. Bautista

Camilla J. Vizconde

Elizabeth H. Arenas

Gina M. Lontoc

Field Research Team

Adonis Evan Basa, Jr.

Maria Philina Rita Pasicolan

University of Santo Tomas

Manila, Philippines

Table of Contents

Introduction	1
Research Context and Policy Review	2
Research Methodologies	3
Overview of Key Findings	5
Existing partnership between the university and the partner communities	5
Mutual trust in partnership	8
Resource sharing and accessibility as partnership enablers	10
Sustainability	11
Challenges and Barriers	12
Home-based Vendors	14
Food Safety Knowledge vs Practices	18
Policy Implications and Conclusion	19
References	20

Acknowledgements

'Empowering communities through university partnerships in public health: a pilot project in Nepal and the Philippines' is the title of the University of Sussex's Medical Research Council PHIND project (MR/Y50323X/1), based in CORTH (Centre for Cultures of Reproduction, Technologies and Health) in the School of Global Studies. The 'Empowering Communities' team would like to acknowledge the excellent support provided by Tribhuvan University Research Centre for Educational Innovation and Development (CERID) and the University of Santo Tomas (Research Center for Social Science and Education (RCSSED), Faculty of Medicine and Surgery, and the Graduate School), and all our colleagues at the University of Sussex, particularly: Prof. Maya Unnithan, Prof. Geert De Neve, Mark Raven, Paul Grant, Amy Collyer and Katie Meek. Dr. Anna Magyar provided editorial support and Vermon Bryan Yap Revillosa designed the final reports.

Fig 1: A visit to one of the barangays in Samaploc, Manila, Philippines

Country-Specific Report: Philippines

Introduction

This pilot project was led by the Research Center for Social Science and Education (RCSSED) in collaboration with the Faculty of Medicine and Surgery and the Graduate School of the University of Santo Tomas. It is framed by UNESCO's Sustainable Development Goals (SDGs), in particular, quality education, clean water and sanitation, reduced inequalities, sustainable cities and communities, responsible production and consumption, zero hunger, no poverty, and good health and well-being. With the aim of improving the health and well-being of the partner communities, this research set out to explore a university and community partnership, specifically between the University of Santo Tomas in Manila, Philippines, and its partner communities in Sampaloc, Manila, Barangay 458 and 429. These communities or barangays (smallest government unit that usually oversees the operations of a local community but is

often referred to also as the community) were selected by the university based on their needs and location, which is within close proximity of the university. Located in the heart of Manila, many residents in the area belong to the lower income level, usually earning within or below the average daily wage rate. Many of the residents are informal settlers or live in small and rented dwellings with several members of their extended families. Most families earn their living by doing odd jobs and by selling various items in local markets or in their vicinity.

The study addresses the following research questions:

- **RQ1** What approaches to community engagement in public health are utilised by the university?
- **RQ2** How do communities perceive partnerships with universities?
- **RQ3** What health practices and knowledge can university partners learn from communities?
- **RQ4** How can medical schools apply this model in practice? How can this intervention support the national public health system/ strategy?

Research Context and Policy Review

(Information about Public Health and University Curriculum)

The Philippines' Universal Health Care Act (UHC Act) of 2019 marks a shift from purely individual and curative care to a balance with population-based primary health care. It prioritises prevention and promotes a system that is inclusive and accessible for all. Ultimately, UHC is about inclusivity and solidarity in pursuit of a health care system that is by the people and for the people. Consequently, in the academic year 2021 to 2022, there was a strong mandate to reorientate health professions' education and health worker curricula towards primary health care, including identification and inclusion of appropriate learning outcomes (DOH-CHED-PRC Joint-Administrative Order No 2021-0001).

Primary care and public health are the bedrock of health systems, but their divergence has produced two groups of practitioners, the one focused on individual health while the other focuses on public health (Punzalan et al. 2023). Public or population health deals with understanding the bigger picture, such as disease patterns, social determinants of health, and preventive measures to reduce disparities and improve health outcomes. Many health issues are deeply

rooted in social factors like poverty, access to education, and quality housing, among others. Public health equips doctors to appraise these connections and advocate for solutions beyond individual treatment.

Offering courses in public health and community medicine is one of the standards for the Doctor of Medicine Programme in the Philippines as it adheres to the principles of relevance, equity, quality and cost effectiveness in the delivery of healthcare to patients, families and communities (CHED Memorandum Order No. 18, Series of 2016). The UST curriculum has progressive courses in preventive, family, and community medicine from the first to the fourth year of basic medical education. The courses combine healthcare theory with practical applications. Physicians trained in public health principles can contribute to more efficient and equitable healthcare delivery systems. They are equipped with skills on resource allocation, programme planning, and strategies to reach underserved communities. Public health initiatives rely on community engagement and collaboration with various stakeholders. With this training, future doctors can effectively communicate complex medical information to the public, work with community leaders, and build trust with diverse populations.

In 2022, the UST Faculty of Medicine and Surgery ventured into a partnership with two small nearby communities, Barangay 429 and 458, a venue for its medical students to conduct service-learning, community-based health programmes. Service-learning is a pedagogical approach that combines academic learning with community service. It is a structured method of learning where students participate in activities that address community needs, while also reflecting on their experiences to deepen their understanding of course content.

Research Methodologies

The research activities used in the study involved qualitative and participatory design tools and included individual and group interviews with medical faculty members, students, barangay leaders, and community members. Medical faculty members delivering community health courses in the Faculty of Medicine and Surgery (FMS) of the University of Santo Tomas, were purposefully chosen to participate in the interviews. Initial interviews were conducted online through Zoom, and face-to-face interviews continued when the COVID-19 health protocols were relaxed. Once the Commission on Higher Education (CHED), the governing body for higher

Figure 2: Maps of the barangay relative to the University

education, allowed students to visit partner communities off-site, face-to-face interviews and community visits were conducted.

In the context of the university, faculty members are tasked with handling the community health courses years 1-4. In their 4th year, students spend a month immersed in the communities. This involves daily community-based clinical shifts assisting in medical treatments and medicine dispensation, and weekly community field visits when they conduct observations, document medical and health-related activities, pay house visits, and conduct health-related discussions and meetings. Only medical doctors and teachers who participate in the community immersion were invited for interviews, while medical students were interviewed after their month-long immersion.

The study sites - Barangay 458 and 429, are in District 4, Sampaloc, Manila, Philippines (see Figure 2). According to the National Statistics Office of the Philippines, the total population of Barangay 458 is 1,462 while Barangay 429 has 2,814 as of May 2020. A purposeful sampling method was employed to select 10 households from each barangay.

We visited the community several times to interview families/households and to observe the practices in the community. Home visits were scheduled to ensure families were ready to show how they usually prepare their daily food. We observed how households prepared cooked and stored the food that they consume. Documentation was done using photovoice, where participants were suggested to take pictures of food-related scenes. They were also encouraged to add captions regarding any issues and challenges concerning food, nutrition and sanitation. Photo captions were formulated by the "photographer." These photos were later exhibited and discussed with the community in an assembly.

The photovoice of students and some community members were later added as

one form of data gathering. Students were allowed to take photos of their community immersion, taking note of people, places and situations that they saw as important or interesting. Numerous photos were taken and then students were invited to choose pictures and express their thoughts about them, in meetings with the researchers. A synthesis of these discussions was later written up. Community members also used photovoice but as most did not have access to digital tools for photo-taking, researchers or assistants walked alongside them, taking photos of places and people that were meaningful to them while also expressing their thoughts which were the basis of the captions.

Figure 3: Participants engaged in photovoice activity

Overview of Key Findings

The following themes emerged from the analysis of the interviews, observations and photovoice data.

Existing partnership between the university and the partner communities

We found that the university and communities have a productive partnership, as observed during the engaging visits and interviews with the teachers, students, and faculty members, as the following quote from an interview with barangay representatives illustrates:

> *"Nung una, puro interview lang ang mga estudyante; ngayon ramdam namin ang samahan, malasakit at pagtutulungan para maayos ang aming komunidad." (At first, students were just interviewing us, but in time, we felt the solidarity,*

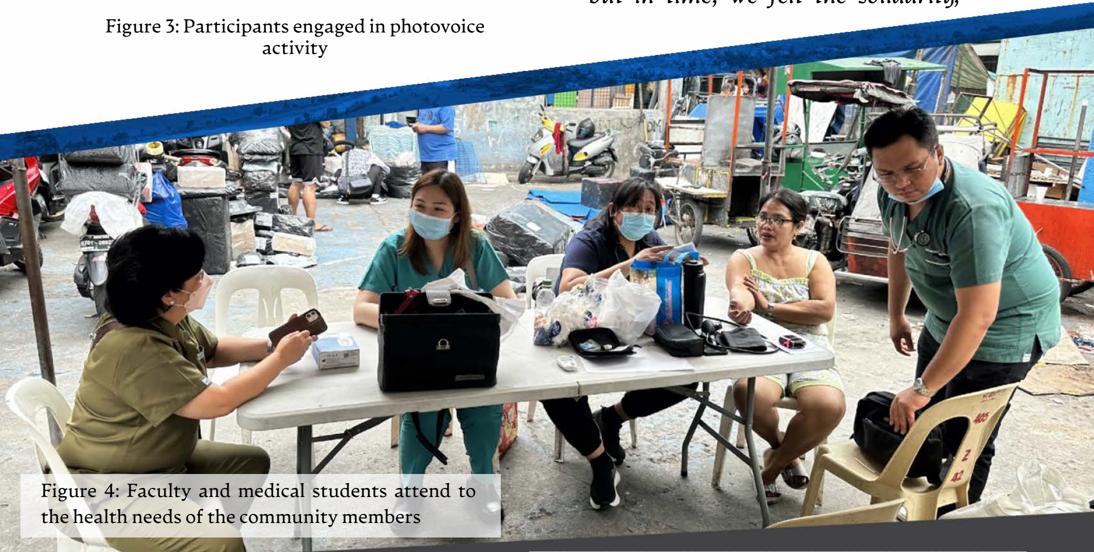


Figure 4: Faculty and medical students attend to the health needs of the community members

genuine concern and their practical help to improve our community situation).

The collaboration was palpable through the harmony that prevailed in terms of the university's and community's participation. Teachers and students found the community engagement worthwhile, specifically for the positive and meaningful real-world immersive experiences and the opportunity to apply the theories and principles in the curriculum. The community members also expressed their appreciation of the programme, how doctors and students had assisted them in providing timely diagnoses and management. Even the older adults who are socially isolated were given due medical attention.

> *"Ay malaki po ang naitutulong ng UST. Pag nandyan po sila, yung mga volunteer doctors, madali pong makagamot at mabilis po yung proseso nila" (UST has helped greatly. They (the medical students) can easily give treatments and the process is faster).*
>
> (Community Member A)

> *"Marami ng naitulong sa amin sina doctora. Oo yung pagdating nila dito, nakatulong talaga sa amin, lalo na yung sa mga matatanda." (The doctor and her team have helped a lot, especially the elderly in the community)*
>
> (Barangay Captain)

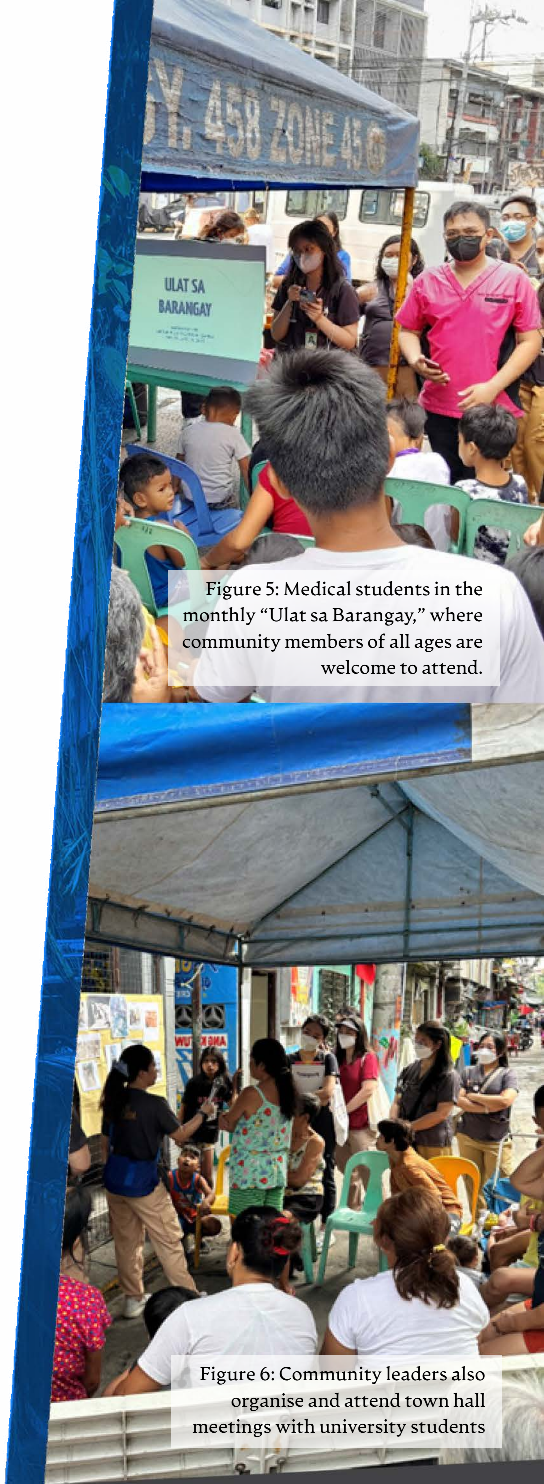


Figure 5: Medical students in the monthly "Ulat sa Barangay," where community members of all ages are welcome to attend.

Figure 6: Community leaders also organise and attend town hall meetings with university students

Figure 7: Interviews and consultations with adult community members

Despite spending only a month in the community, students stated that this element of the programme had significantly contributed to shaping their professional practice. When consulting, treating, and monitoring children and adults, students were able to translate their knowledge and skills to address the community's needs. Interestingly, the teachers and students periodically conduct an "*ulat sa barangay*" (general assembly), an informative, learning exchange session where the university reports data on the community's health concerns and elicits community participants' reactions and suggestions for actionable next steps.

The regular and responsive informal interactions between university staff and community members demonstrate their close ties. The staff would know the individual names, medical cases, and personal concerns of the men and women in the community. A cheerful smile and a grateful greeting would always be observed during site visits.

The barangay officials (community leaders) often lead the university-community encounters, often providing tents and spaces for meetings, discussions, and treatments. Leaders usually coordinate with university officials and teachers regarding these activities. They typically make house-to-house announcements and spread news by word-of-mouth to inform everyone about the university's activities. Community members and the health coordinator expressed much appreciation for how the university has

contributed so much in providing medical services and medications that many of their children and adults need, especially for hypertension and diabetes that affect many senior citizens.

Mutual trust in partnership

Partnerships are more robust when both parties trust one another, and this is what we observed in the relationship between the university and the community. The community eagerly awaits the university's weekly visits, a testament to the trust and collaborative spirit that characterises the partnership. As the men work elsewhere, it is the women and children left in the community who flock to the tents to access the health information, the treatments and occasional medicines that the medical faculty and students provide. The community members have also established a strong relationship with the university teachers and students by openly sharing their problems, needs, and wants.

The university teachers and students have also established a strong relationship with the community members by documenting and sharing their medical expertise. The community sees that working together with the university is valuable, because it allows students to listen to their concerns. In the long term, the university is able to build trust and transparency, fostering a deeper understanding of their needs, thereby maximizing impact. For their part, students value the continuity and deepening of their learning that a stable university-community partnership provides:

> *"I think one of the greatest benefits would be the constant learning process because I understand that older practitioners usually diagnose and provide treatment, but with the younger generation, we learn to adapt to the time as it evolves; it does not have to be the same system again."*
>
> (Student D)

According to the faculty members and students interviewed, the partnership with the community benefits the university because students are given an immersive experience in the community context. Medical students can practice their knowledge and skills in diagnosing, treating, and monitoring various illnesses, from babies to adults. They develop and exercise their communication skills in dealing with complex patient encounters.

Students also described how they often encountered health and food preparation practices that were not considered scientifically acceptable to health standards by health specialists. Some of these include the diet that diabetic patients should follow or the cleanliness that should be maintained for environmental

sanitation and public health. There was recognition that a multitude of factors in the environment exacerbated these issues:

> *"Diabetes seems to be a problem, but it can be helped if the community could have something as simple as physical exercises in open spaces and think how this can benefit them in the future."*
>
> (Female Student D)

While students found creative ways to share what they knew without offending the community, they did get frustrated when community members did not practice their recommendations and even followed "fake news" on social media:

> *"Sometimes it's hard to fight fake news or information since it requires a strong presence in media; sometimes you need finances to fight the trolls."*
>
> (Female Student C)

Through building a foundation of trust, the university envisions a future in which the community could operate independently, further solidifying the partnership. While the university's resources are currently available to the community, this support has limitations. The partnership's long-term sustainability hinges on the community developing its own robust and stable sources of income. This will ensure continued access to vital resources such as healthcare and food, even when external funding or leadership changes occur:

Figure 8: Medical students work with community participants in problem-solving activities relevant to health issues.

Figure 9: Medical students and faculty performing home visits to community members with mobility issues

"We meet half -way and I think it is when the community realises that there is this sincere effort on the part of the university to help them get out of this situation that they are in. Especially in terms of health, that they will realise that they have to do their part also... It's not always a dole out from the university."

(Faculty Member)

"When the universities and the communities partner, we get to address public health issues more comprehensively."

(Faculty Member)

Resource sharing and accessibility as partnership sharing

The students observed that the community viewed public health programmes as organised efforts to prevent diseases and promote healthy behaviors, contributing to cost reduction and improved health outcomes, especially in underserved communities. Partner communities recognised the dual benefit of university involvement in public health. These programmes are intended to address local health needs and provide valuable training for students to become future healthcare workers, equipping them to tackle specific community challenges. Additionally, the students felt that community members understood the importance of student data collection for fulfilling academic requirements. In interviews and focus group discussions, the students emphasised the benefits of the partnership in terms of providing much-needed services:

"Maganda sa partnership...it's good that the partnership is there since we are able to reach out to communities. The Philippines is an archipelago and it's really difficult to reach all places but with partnerships, we are able to know what they need."

(Student C)

Figure 10: Medical Consultations with doctors

> *"It's also good because we are bringing the hospital to the community. They do not need to come and avail of the hospital and its services."*
>
> (Student C)

In a powerful synergy, students and faculty observed that the university and community join forces to elevate public health. People in the community acknowledged that universities contribute expertise, funding, and resources, while communities provide the "local information," the programme subjects, and the venues. With the right balance of the give-and-take relationship, community leaders envision that university programmes will be sustainable, while community members are enabled and empowered with skills and knowledge.

Sustainability

Community leaders and local people expressed concern about sustainability and that the free programmes provided by UST would not last after the initial funding. The community wants clear funding sources and programme lifespans so as to manage their expectations. Medical students expressed how programmes should be properly evaluated for long-term implementation.

Working with the community to advocate for projects, programmes, and policies that promote health equity and address social determinants of health, is acknowledged as a driver and catalyst for sustainability.

One strategy is to partner with community leaders to mobilise residents and raise awareness about public health issues and initiatives. Some student, faculty and community respondents mentioned the importance of "shared passion," as it is a catalyst for perpetuity. Furthermore, providing insights through analysis of the research data can help to support community-driven policy changes that improve public health outcomes.

On the other hand, faculty members and students also discussed the vital role of community exposure in terms of their learning and future careers:

> *"Exposing medical students to the realities of lower income classes is important as early as medical school because as we go through the medical career ladder, there's a tendency for doctors to forget who we're serving... forming partnerships with communities would help strengthen a more public health-centered oriented mindset."*
>
> (Faculty Member)

> *"The benefit for us medical students is that we become aware of the pressing health concerns of the community. Once we know the particular diseases, we can prepare an accurate programme for them."*
>
> (Female Student C)

From the interviews, it was clear that students gained understanding of the communities' needs through this experience. Indeed, some students would have liked the opportunity to follow through with more intensive community interaction, rather than only a one -month programme. This related to the sustainability of their interventions:

> *"One of the biggest frustrations I have is what happens down the line, the follow through, since we are only given a month of immersion and that changes with another batch, and we need to see the statistics... it's not the project but the consistency of the project."*
>
> (Student B).

Challenges and Barriers

The challenges identified by communities and the university included power dynamics, sustainability concerns, cultural competency among students, and communication gaps.

During semi-structured interviews, community leaders implicitly alluded to power imbalances, insinuating that universities had more control over health programmes, limiting community input and hindering engagement. The university holds more resources and expertise, leading to the perception that they dictate

the programme's direction. Community members felt that they had little control over decision-making on health activities and programmes, causing occasional frustration and impending involvement for some. Compared to initial interactions in 2022 when the partnership began, establishing rapport and recruiting the community's cooperation for implementing projects had proved challenging. Residents, expressing a sense of intrusion, largely declined the actual entry of students into their homes. While no explicit concerns about privacy or student presence were voiced, a persistent unease around being under scrutiny remained, as a student explained:

> *"Some community members feel they are just being used as part of projects. When students come to interview them, and around four or five groups ask the same questions, that's when they feel like they are being treated differently...they're real people with real feelings. It's important that we don't just do it for grades or requirements but see what the community really needs."*
>
> (Student A)

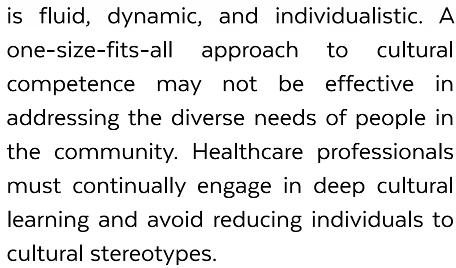
Some community members felt that their local customs and practices were ignored or were not considered important. The research team acknowledged that there is a tendency to utilize a one-size-fits-all approach in planning and implementing health programmes. A few respondents proposed involving local people in designing programmes to ensure that they were more sensitive to people's uniqueness and spirit.

Medical students acknowledged that they found traditional beliefs and practices challenging, but felt that trying to incorporate these with the scientific approach might work:

> *"They still have traditional or cultural beliefs like the use of certain herbs, though in the Philippines, we also offer that in the hospitals but I guess we have to find a way to integrate them so the people will not feel that we have totally disregarded what they believe."*
>
> (Student B)

> *"An example of their traditional practices would be the use of the fireworks during the new year celebration. They know that every year there are casualties that go to the hospitals but it's still a plague."*
>
> (Student C)

This notion of compromise and acceptance of certain cultural beliefs and practices emerged from the interviews. The findings suggested that the students were learning about different belief systems and trying to mediate their own roles within this context. It is essential to recognise that culture



is fluid, dynamic, and individualistic. A one-size-fits-all approach to cultural competence may not be effective in addressing the diverse needs of people in the community. Healthcare professionals must continually engage in deep cultural learning and avoid reducing individuals to cultural stereotypes.

Finally, results pointed to gaps in language and communication styles, not in terms of dialects but the ambiguity of the message due to using overly technical terms or jargon, unspoken expectations, or failure to explain background information or context. Students became aware that communication was strongly related to the extent to which the treament or advice would be embraced:

> *"Sometimes for me, it's hard to translate medical concepts and explain them in terms that the lay people will understand, perhaps because they were taught to us as a medical jargon...and it could be simple like what a cell is and how this is affected...and the way we communicate might affect the way they will believe in the treatment."*
>
> (Student B)

Thus, universities need to use plain language, foster participation methods, and possibly, community liaisons to improve communication and address concerns.

Home-based vendors

This section reports on the findings on food preparation, conducted as part of this study in the local communities, and the photovoice activities with students. Low and middle-income families usually prepare their meals at home. However, a salient aspect of the communities included in this study was that most residents did not prepare food at home, as a participant explained to the researchers:

> *"Bumibili na lang po kami ng lutong ulam kasi po mas makakamura kami. Mahal po kasi ang sibuyas at bawang. Kung magluluto po kami, madalas sa gabi/hapunan na lang kasi may pera na kami at wala na po halos nagbebenta sa gabi." (We buy cooked meals because they are cheaper. Onions and garlic are expensive. If we have to cook, we cook at night for dinner when we can buy the ingredients with money earned from the day, besides not many vendors sell at night.)*
>
> (Community Member B)

Thus, buying ready-to-eat meals from food stalls within the community is common practice, mainly because of cost and convenience. When only a small food quantity or serving is required, it was found to be more economical to purchase cooked meals in the preferred and exact amount, than to prepare a full recipe at

home, considering the cost of ingredients and utilities (i.e., electricity, gas, or water). A community member explained how they managed their meals:

> *"Walang natitirang pagkain sa amin kaya laging bago. Kung meron mang matira, tatakpan ng plato at bahala na yung susunod na kakain kasi malamig na yung pagkain." (We seldom have leftovers. If we do, we'll leave it on the table for whoever wants to eat.)*
>
> (Community Member C)

Moreover, excess or unconsumed food is a waste of resources since not all households own a refrigerator. Our informal conversations revealed that preparing family meals at home, entailed time and effort from parents who needed to leave the house early for work; thus, buying cooked food presented an easy way of providing daily sustenance for the family. In addition, this practice offered food variety for the family, without the hassle of food preparation. Residents living below the poverty line in these identified barangays do not have kitchen facilities at all and have no access to water and electricity, which makes home cooking impossible, as a female food vendor explained:

> *"Karamihan sa mga nakatira dito pumapasok ng maaga at nagmamadali kay gusto nila bibili na lang pagkain... Maganda ang negosyo namin at buti hindi kami pareparehas ng binibenta. Kung gusto mo ng pancit canton/bihon*

Figure 11: Food stalls are located in Barangay 458 and 429, Sampaloc, Manila.

dun ka sa kanto, ang palabok at lumpia sa akin..." (Most of the residents belong to the working class who have to leave early in the morning. They don't have time to prepare. Hence they buy from us. The food businesses in our area thrive and there's very minimal competition because of the variety of food/viand we sell).

(Female Community Member D)

These food stalls are situated along the neighborhood's narrow streets (Figure 11), some food stalls only a few meters apart. The price of cooked meals is affordable and within the budget of home residents. Food preparation and cooking in these food stalls occur either inside the household premises or outdoors within the kiosk. Through participant observation, we noted that food selling is a prominent and stable business, and home-based vendors are well-received in these areas.

The findings provide insights into food hygiene and sanitation practices in the study area, as summarised in the table below. Food safety issues were primarily rooted in insufficient food safety tools/equipment and the unsanitary environmental conditions commonly found in the barangay. However, a community member reported that *"Wala naman nagkakasakit sa mga customer ko."* (None of my customers get sick from the food I sell). (Community Member F)

Table 1: *Observed food handling practices among home-based vendors in Barangay 458 and 429, Sampaloc, Manila*

Notable Practices	Areas for Improvement
• Good personal hygiene practices observed (handwashing, towel use) • Frequent cleaning of utensils and food preparation areas with soap and water • Regular purchasing of fresh ingredients to minimise storage risks • Monitoring of condiment expiration dates	• Lack of formal food safety training for most vendors • Lack of apron use by vendors • Cleanliness issues observed in one barangay • Lack of proper covering for cooked food in one barangay • Potential use of contaminated water in one barangay

(a) NON-POTABLE WATER for COOKING
(b) DIRTY CORNERS
Figure 12: Sample photographs taken by participants during the photovoice activity

Proper Food Safety Practices

- Washing of hands with soap and water before food preparation
- Wearing clean clothes.
- Fingernails are clean and trimmed.
- Cleaning/wiping of tables before food preparation.
- Use of clean utensils.
- Food is thoroughly cooked.
- Foods on display are covered to keep insects and dirt away.

Improper Food Safety Practices

- Frequent hand washing while preparing food was not observed.
- No protective clothing (i.e. aprons, head caps, masks, gloves)
- Wearing of jewelry, watches and accessories.
- Disorganised food preparation area. Food and non-food items are stored together.
- Touching face, hair, and legs.
- Garbage containers are not covered and are located near the preparation area.
- Cloths/towels used to dry hands are used to wipe utensils.
- Pests are present in the food preparation area.
- Utensils, counters and tables are not sanitised.
- Food and water containers and utensils are placed on the ground/floor.

- Foods are left at danger zone temperatures for over two hours during preparation and display.
- Utensils are not properly cleaned or sanitised between use.

Examples of photovoice outputs which revealed sanitation and hygiene issues from the community members' perspectives are shown in Figure 12 Common food safety challenges identified in the community revolve around improper waste disposal, unsanitary toilet facilities, contaminated water supply and keeping pests and stray animals or pets away from food preparation areas. A community member explained to the research team about the challenges they faced in relation to food hygiene:

> *"Sa lugar namin parang hindi naman malinis ang tubig na ginagamit nila kasi wala namang imbakan ng tubig na malinis. Yung mga kalat sa paligid ay pwedeng pumasok at humalo sa mga tubig. (In our place, we don't seem to have clean water because we don't have a container for such. The trash around can contaminate the water.*
>
> (Community Member G)

Food Safety Knowledge vs Practices

It should be noted that all home-based vendors who took part in this study were knowledgeable about basic food safety rules. These include washing hands before food preparation, prevention of cross-contamination from raw to cooked foods, inspection of expiry dates on food labels prior to use, adequate cooking of meat, use of separate spoons to taste food, to name a few. However, it is important to highlight that knowledge of food safety does not necessarily translate into practice. While food handlers were aware of these food safety protocols, they did not necessarily follow them throughout the entire duration of food preparation. One community member noted that:

> *"Nanay ko lang nagturo sa akin magluto... Wala akong alam sa mga food safety na yan. Basta laging malinis ang kamay, gamit at rekados... Gusto ko rin matututo niyang food safety na sinasabi mo..." (My mother taught me how to cook... I don't know anything about safety rules, just as long as your hands, ingredients, and tools are clean... I also want to learn about the safety rules you're talking about.*
>
> (Community Member E)

This observation suggests that further research is necessary to determine the food safety knowledge, attitude and practices of these home-based vendors in the community and that there would be potential to develop educational interventions for these vendors around food

safety. Data that will be obtained from such a study will provide valuable inputs that can be used to develop future intervention programmes that promote food safety at the household and community levels.

Policy Implications and Conclusion

Both the university and the community have seen the benefits of the partnership, enabling both partners to pursue their goals and achieve the outcomes they have set. The university's curricular and co-curricular goals, including research and community development, are met by the community and the community leaders and members also benefit by getting the information they need for their health and sanitation, including food safety and preparation. At times, the community also receives medical and nutritional supplies. In this regard, the university hopes that local government units will strengthen and expand health programmes and provide resources to reach the communities. Sustaining health activities cannot be a long- term programme provided by the university and there are fears in the community about losing this resource eventually.

Unsafe practices around food hygiene and sanitation were prevalent among home-based vendors in the community. Based on these findings, there is an urgent need to conduct training and educational programmes regarding food safety to create a positive food safety culture within the community, thereby preventing the risk of foodborne diseases. Furthermore, compliance with food safety regulations is essential for securing health and safety permits for home-based food businesses. Barangay officials must regularly monitor food safety practices in the community to ensure compliance. Barangays must have an allocated budget to assist home-based vendors in acquiring much needed food safety tools and equipment, as well as to improve sanitation and hygiene in the community. This includes safe and potable water supply, clean communal public toilets, waste management and garbage collection, pest and animal control.

In consideration of the perceptions of the community respondents, we realised the importance of involving community members in all stages of health education programmes, from planning to implementation and evaluation, and the need for cultural sensitivity training, including inclusive and transparent communication. Lastly, expressions of long-term commitment are invaluable in securing community engagement.

References

Punzalan JK, Guingona M, Punzalan MG, Cristobal F, Frahsa A, Liwanag HJ. The Integration of Primary Care and Public Health in Medical Students' Training Based on Social Accountability and Community-Engaged Medical Education. *Int J Public Health*. 2023 Jan 26;68:1605359. doi: 10.3389/ijph.2023.1605359. PMID: 36776 739; PMCID: PMC9908606.

CHED MEMORANDUM ORDER No. 18, Series of 2016. Subject: Policies, Standards and Guidelines for the Doctor of Medicine (M.D.) Program