LOCAL HEALTH
POLICY DEVELOPMENT:
PARTICIPATORY EVIDENCE-BASED LEGISLATION FOR THE TB CONTROL PROGRAM

A Step-by-Step Guide
to Conducting a Training Workshop
on Developing Participatory Evidence-based
Local Policies in Support of the
TB Control Program

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Local Health Policy Development: Participatory Evidence-based Legislation for the TB Control Program

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About this Toolkit

This toolkit presents the tools, templates, and steps in developing participatory evidence-based local policies in support of the tuberculosis (TB) control program. The tools and templates in this toolkit were developed based on the collective experience of local government partners of the **IMPACT Project**.

For whom is this toolkit?

This toolkit is intended for officers of health offices at the national, regional, provincial, city and municipal levels who are assigned to conduct training in the formulation, implementation and evaluation of local health policies at the local level.

What does this toolkit contain?

This toolkit consists of the following:

- Background and rationale, and the steps for conducting the training workshop on Participatory Evidence-based Legislation in Support of the TB Control Program.
- The tools and templates used in conducting this workshop, including copies of sample drafts and approved local ordinances in support of the TB control program.

Users of this toolkit may reproduce the tools and templates, including the PowerPoint presentations, provided in this package.

Introduction

The magnitude of the TB problem has placed the Philippines third among the 30 high-TB burden countries in incident TB cases per 100,000 population, and fifth among the top 30 countries with high multidrug-resistant TB (MDR-TB) burden in thousand incident cases (WHO Global TB Report 2017). TB continues to be the country's 8th leading cause of death (DOH, 2013) and 8th top cause of illness (DOH, 2014). The 2016 National Tuberculosis Prevalence Survey showed that the burden of TB remains high among Filipino adults and is higher than previously estimated. About 1 million Filipinos are expected to have the TB disease and may not even know it. Factors associated with high prevalence include weaknesses in health systems and poor health-seeking behavior. Poverty and malnutrition further fuel the spread of TB. While the national government and its development partners have made significant investments in the TB control program, TB remains a major public health challenge with serious economic consequences. TB morbidity and premature mortality result in economic losses valued at PhP8 billion ($171 million) annually (Peabody J. et al., 2005).

The institution of the Directly Observed Treatment, Short Course (DOTS) strategy in 1996 and its nationwide implementation in the public health sector starting 2002 have enabled the country to make significant progress in TB control. Program performance, however, remains variable across cities and municipalities. Moreover, while the TB control program continues to gain broader support and greater momentum, it needs to keep pace with the rate of infection.

The Innovations and Multisectoral Partnerships to Achieve Control of Tuberculosis (IMPACT), a five-year technical assistance (TA) project funded by the United States Agency for International Development (USAID), sought to respond to the abovementioned challenges. The Project provided TA to the Department of Health (DOH) National TB Control Program (NTP) and worked directly with 43 provinces and cities – in Luzon, Visayas, and Mindanao, including the Autonomous Region in Muslim Mindanao – with the greatest burden of TB disease and lowest performance in both case detection and cure rates. IMPACT engaged both public and private sectors at the national and local levels to detect and successfully treat TB cases.

Guided by a harmonized blueprint of technical assistance and research initiatives, as well as the USAID TB Portfolio Results Framework, the Project worked with other USAID cooperating agencies and key partners involved in TB control. IMPACT measured the outcomes of project interventions against a set of national program indicators and targets identified in the enhanced Philippine Plan of Action to Control Tuberculosis (PhilPACT) 2010–2016. IMPACT was implemented from October 2012 to September 2017, with an extension period of seven months from October 2017 to April 2018.

The goal of IMPACT was to reduce TB prevalence by 30%, achieve 85% case detection rate for all forms of TB, and 90% cure rate for new smear-positive cases in all participating sites by 2017 relative to the 2010 baseline.

The Project aimed at achieving three objectives:

- strengthen demand for TB services through adoption of healthy behaviors within families;
- improve supply of TB services, including the availability and quality of public sector services and selective expansion of private sector providers; and
- remove policy and systems barriers to support supply of, and demand for TB services.

IMPACT complemented the health programs of USAID/Philippines and other development partners. Its activities are aligned with the principles of the United States Government Global Health Initiative and the Government of the Philippines' Universal Health Care agenda (*Kalusugan Pangkalahatan)*.

A. Background

A 2013 survey of existing local policy issuances in TB LINC sites revealed that some of the enacted measures to support TB Control Programs were incomplete or inadequate, and policy implementation by the local government units (LGUs) needed improvement. This may be attributed to: (a) the uneven level of support of LGU officials to formulate or implement the necessary policies, and/or (b) many local health personnel are ill-equipped to push for policies that will improve health service delivery in their localities, and (c) the potentials and expertise of the local health boards, as duly authorized policy advisory bodies, are not fully maximized.

This technical assistance package was developed to enhance the capacity of the stewards and/or advocates of local health policies at the regional health office (RHO), provincial, city and municipal levels in developing and implementing policies that are more rational, evidence-based, and participatory to ensure that local TB programs are sustained despite changes in LGU leadership or administration.

The objectives for the training workshop are as follows:

General objective

At the end of this training program, the participants will be able to demonstrate mastery of the process of securing the participation of various stakeholders in developing evidence-based local policies to address implementation gaps in the TB Control Program.

Specific objectives

At the end of the training program, the participants should be able to:

1. Describe how understanding the basic concepts of policy analysis can help in their efforts to improve implementation of TB Control Program in their locality;

2. Identify the inadequacies, deficiencies, overlaps, contradictions and other issues in the policy issuances related to the TB Control Program in their respective LGUs; and

3. Draft a Proposed Local Policy/TB Ordinance and detailed work plan that will enhance the implementation of the TB Control Program in their respective LGUs.

B. The Step-by-Step Guide to Conducting the Training Workshop on the Participatory Evidence-based Legislation for the TB Control Program

Preparatory Process

1. Preparation of the venue

There are two types of settings that the facilitator will need for this workshop: (1) a space for the lecture and plenary presentations, and (2) areas where different groups can hold separate workshops. Ideally, the areas for the workshops must be separate from those for plenary sessions. There should be enough space (on the wall or on tables) where participants can post metacards.

2. Preparation of the workshop materials

o **For the facilitator** (to be provided to the facilitator/s at least two weeks before the activity):

  a. Activity Design (*Tool 1*)

  b. PowerPoint presentations for the lectures (these presentations come with this TA package):

  i. Workshop Norms (*Tool 2*)

  ii. Policy Analysis 101 (*Tool 3*)

  iii. Framework of Local Health Policy-Development (*Tools 4 and 5*)

  iv. Identification of Policy Gaps/Issues (*Tool 6*)

  v. Fundamental Principles of Evidence-Based Legislation (*Tool 11*)

  vi. Various Tools of Evidence-Based Legislation (*Tool 12*)

  vii. Analysis of Data and Issues on Local TB Programs (*Tools 13 and 14*)

  viii. Basic Principles of Participatory Decision-Making (*Tool 15*)

  c. Reference Handbook on Evidence-Based Policy Development (101 pages, by Atty. Benedict Gonzales, 2014)

  d. Local Government Code of the Philippines (*Tool 22*), specifically the following sections:
  i. Section 444 (b)(1)(i), Section 455 (b)(1)(i), and Section 465 (b)(1)(i), referring to the participation of the Local Chief Executive in policy-making
  ii. Section 447 (a), Section 458 (a), and Section 468 (a), referring to the function of the *Sangguniang Bayan/Panlungsod/Panlalawigan* as the municipal, city, and provincial legislative body, respectively of the LGU
  iii. Sections 102, 103, 104, and 105, referring to the Local Health Boards
  iv. Section 3, paragraphs (g), (j), (k), and (l), referring to operative principles of decentralization that encourage multisectoral interaction in local governance
  v. Sections 34, 35, and 36, referring to LGU relations with people's organizations and non-governmental organizations
  vi. Title 5 on the Local Health Boards (Sections 102, 103, 104, and 105)

  e. Audiovisual equipment: LCD projector, laptop and projection screen

o **For the individual participants** (for distribution to participants during registration)
  a. Activity design
  b. Printed copy of the PowerPoint slide presentations and other tools
  c. Pens and writing pads

o **For the groups** (for distribution during the group workshops)
  a. Metacards or their equivalent; the card should be rectangular, approximately one-third of a legal-size paper or 210mm x 100mm in size (prepare 60 pieces for each group)

b. A roll of masking tape and a pair of scissors (for each group)
c. Manila paper or any large sheets of paper where participants can post their cards (6 pieces for each group)
d. Permanent marker pens (thick). Prepare marker pens of various colors, mainly black, with some red and blue. The quantity required depends on the size of the group.

C. Workshop Proper

This section presents the program and processes in guiding the target users of this kit through the training workshop.

Session 1. Opening Ceremonies and Expectation Setting

Task Objectives

By the end of this session, all participants will understand the objectives and activities for the training workshop, and the expectations of everyone will be levelled off.

Suggested Tools

- Training Design (*Tool 1*)
- PowerPoint Presentation on Workshop Norms (*Tool 2*)

Process

1. Singing of the Philippine National Anthem

Ask a participant to lead the singing of the Philippine National Anthem.

2. Welcome Messages

Request the highest-ranking officer/s from the DOH Regional Office or Provincial Health Office present to give the Welcome Remarks. The messages in this opening activity are critical in stimulating participants' interest and in providing clear information about what the entire training program is about.

❑ Present the rationale of the training. Relate the topic or content of the training program to their work in the National TB Control Program. By relating objectives, content, and activities of the training to real work situations, participants' interest and focus in the training will increase.

❑ Review the objectives. Present what participants should know or be able to do after the training program.

❑ Present how the objectives will be met through the different learning activities.

3. Expectation Setting (30 minutes)

The purpose of this exercise is to give the facilitator an idea about the needs (learning needs as well as logistical requirements) of the participants, and to customize accordingly the training based on participants' expectations. You may assign a metacard color for each element of the training program, for example, blue for content, yellow for facilitator, etc.

❑ Distribute metacards of various colors to the participants (the card should be rectangular, approximately one-third of a legal-size paper or 210mm x 100mm in size) and permanent marker pens.

❑ Tell participants to list down their expectations on the different elements of this training, as follows:

- o Content

- o Facilitators

- o Co-participants

- o Other aspects of the training such as food, venue and accommodation

❑ Remind them of the basic rules of writing on metacards:

- Only one idea per card
- A maximum of three lines of text per card
- Write legibly and use large print so the words can be read from a distance

❑ After the participants have written down their expectations, ask them to post their cards on the board or a designated wall. (The cards should be displayed for the entire duration of the training, so participants and facilitators can check whether expectations are being met as the training progresses.)

❑ Process the expectations provided by the participants by reviewing the cards and clustering them based on the different elements of the training:

- o **For expectations on content** – See how they match with the workshop plan that has been prepared. If the participants expressed a need for other topics, explain why they are not covered in this workshop, or in which training program these topics are likely to be covered. Do not raise hopes that the training program will be revised to suit their content expectations if that is not possible.
- o **Facilitator/s** – Clarify the role of the facilitator/s of the training. Emphasize that the facilitators' role will be to guide the participants in coming up with the outputs expected from the different workshops.
- o **Co-participants** – Point out that there will be five group discussions in this two-day training and the most important expectations from all participants is to actively participate by being on time, being present in all discussions, and sharing their ideas.
- o **Other aspects of the training** – Assure participants that logistics have been prepared with their comfort and safety in mind, and whatever requirements they have should be taken up with administrators of the training.

❑ Facilitators will also share their expectations from the participants, that is, to set the tone for what is, and is not acceptable behavior during the training. This can now be the perfect time to present some training rules such as:

- o Being punctual

- o Putting mobile phones on silent mode

- o Refraining from reading or sending text messages during group discussion or lecture proper

- o Going outside the training area to take urgent, important calls

Note: Facilitators are expected to provide clear instructions, so participants know exactly what is expected of them.

- o Present the activity either verbally or using visual aids, or with a combination of these methods.

- o Give clear instructions on what the participant will do for each workshop. Tell them the purpose of the activity, the expected outputs, and how they will report after completing the activity.

- o Give a time limit for any activity. Tell participants how much time they will have to complete the workshop and alert them when there are only five more minutes remaining, so they can wrap up their discussion.

Session 2. Policy Analysis 101

In this lecture, the facilitator will discuss the nature and essence of the term "policy," the legal parameters or limitations of policy; the different dimensions of policy, the characteristics of public policy, the commonly observed methodology of policy analysis, and the various stages of the policy cycle.

To help prepare for this lecture, the facilitator may review *Chapter 2: Policy Analysis and Development* of the *Reference Handbook on Evidence-Based Policy Development.*

Task Objectives

By the end of this lecture, the participant should be able to:

1. understand the basic concepts and principles of policy analysis, and

2. understand how the systematic methodology of policy analysis can be given particular application to local policies on health and/or TB control issues and concerns.

Suggested Tools

▪ PowerPoint Presentation on Policy Analysis 101 (*Tool 3*)

Process

1. Discuss the nature and essence of the term "policy," the legal parameters or limitations of policy, the different dimensions of policy, the characteristics of public policy, the commonly observed methodology of policy analysis, and the various stages of the policy cycle.

2. Explain how the principles of public policy analysis can be applied to the local policy environment of a province, city or municipality. Special attention should be given to their application to local policy issuances relating to TB control and/or other health issues and concerns.

3. Conduct an open forum.

4. Optional practice tasks

To check participants' mastery of the topics just discussed, ask them to complete the following exercise.

- Enumerate the different components of the policy process.
  (a) _____

  (b) _____

  (c) _____

  (d) _____

  (e) _____

- List down at least one advantage and one disadvantage of the following local policies:

Policy	Advantages	Disadvantages
Ordinance		
Resolution		
Executive Order		
Implementing rules or guidelines		

- Draw up the procedures for formulating, implementing and monitoring local policies.
- Explain how this new knowledge on local health policy development can help efforts to improve implementation of their local TB program.
- Allot a few minutes to discuss the participants' answers to the practice task while giving more time to discuss topics or concepts that were not easily understood.

Session 3. Framework of Local Health Policy Development

In this lecture, the facilitator will discuss the different components/actors of the local policy environment, with particular application to local health issues and concerns, and how these components/actors interact in the policymaking process. The facilitator will also enumerate the various kinds of local policies and how these are formulated and legally authorized.

To prepare for this lecture, the following documents may be reviewed:

a. Chapter 2, pages 12−15 of the *Reference Handbook on Evidence-Based Policy Development* (written by Atty. Benedict Gonzales)
b. Local Government Code, Section 444 (b)(1)(i), Section 455 (b)(1)(i), and Section 465 (b)(1)(i), referring to the participation of the local chief executive in policymaking
c. Local Government Code, Section 447 (a), Section 458 (a), and Section 468 (a), referring to the function of the Sangguniang Bayan/Panlungsod/Panlalawigan as the legislative body of the LGU
d. Local Government Code, Sections 102, 103, 104, and 105, referring to the Local Health Boards
e. Local Government Code, Section 3, paragraphs (g), (j), (k), and (l), referring to operative principles of decentralization that encourage multisectoral interaction in local governance
f. Local Government Code, Sections 34, 35, and 36, referring to LGU relations with people's organizations and non-governmental organizations

Task Objectives

By the end of this session, the participants should be able to:

1. enumerate the different components of the policy process and the actors of the local policy environment and explain how all of these interact in the process of policy-making;

2. identify the various kinds of local policies and expound on the procedures of formulating, implementing and monitoring these local policies; and

3. describe how understanding the basic concepts of evidence-based legislation, participatory decision-making, and basic policy analysis can help in their efforts to secure support for the TB control program.

Suggested Tools

▪ PowerPoint Presentation on Local Health Policy Development Framework (*Tool 4*)
▪ Handout on Local Health Policy Development Framework (narrative)

Process

1. First 30 minutes: Focus on the three main actors in the local health policy environment, namely: (a) the local chief executive, (b) the Sangguniang Panlalawigan/Panlungsod/Bayan, and (c) the local health board. Introduce also the other local policy actors such as the LGU's constituents, concerned national government agencies, the DOH Regional Offices, non-governmental or people's organizations, and the private sector.

2. Middle 15 minutes: Discuss the continuous, dynamic interaction of these various actors whose respective inputs and actions all contribute to the policymaking process, then enumerate the different kinds of local policies produced by the local policy machinery, namely ordinances, resolutions, executive orders and implementing rules or guidelines. Thereafter, introduce the possible influence of these local policies in producing the intended health outcomes.

3. Last 15 minutes: Conclude the session with an open forum.

4. Optional practice tasks

- Question and Answer (in plenary)
  - ❑ What are the different components of the policy process?

  - ❑ Who are the actors of the local policy environment? Explain how all of them interact in the policymaking process.

  - ❑ What are the various kinds of local policies?

  - ❑ Explain the procedures for formulating, implementing and monitoring these local policies.

  - ❑ Describe how understanding the basic concepts of evidence-based legislation, participatory decision-making, and basic policy analysis can help in their efforts to secure support for the TB Control Program.

- Allot a few minutes to discuss the participants' answers to the practice task while giving more time to discuss topics and concepts that were not easily understood.

Session 4. Workshop on Identification of Policy Gaps or Issues

Task Objectives

By the end of this workshop, the participants should be able to:

- analyze existing health/TB-related policies enacted by LGUs within the context of the above framework, and

- identify inadequacies, deficiencies, overlaps, contradictions and other issues in the existing policy enactments of LGUs.

Suggested Tools

- PowerPoint Presentation: Workshop on Identification of Policy Gaps (*Tool 6*)

- Handout: Workshop on Identification of Policy Gaps (*Tool 7*)

- Annex C of Reference Handbook: Inventory of Approved Local Ordinances on TB Control as of December 2012 (*Tool 8*)

- Annex D of Reference Handbook: Summary of RSA Findings (*Tool 9*)

- Annex E of Reference Handbook: Local Government Code: Title 5 on the Local Health Boards Sections 102, 103, 104, and 105 (*Tool 10*)

Process

1. Divide the participants into several groups preferably with equal number of members.

2. Distribute copies of Annex C, D and E of the Reference Handbook on Evidence-Based Policy Development

    o Annex C: Inventory of Approved Local Ordinances on TB Control as of December 2012

    o Annex D: Summary of RSA Findings

    o Annex E: Local Government Code: Title 5 on the Local Health Boards Sections 102, 103, 104, and 105

3. Explain the mechanics of the workshop using the PowerPoint slides for this session. The printed instructions for the workshop may also be distributed to the groups.

4. Inform the participants that they will have to present their respective findings or group outputs in the plenary presentation that will follow the workshop.

5. Instruct the groups to assign a reporter/spokesperson to present the group output to the plenary.

6. The specific tasks and questions that each of the groups will address are as follows:

    a. Analyze the policy issuances of particular LGUs. Answer the following questions to guide you in your analysis:
        i. What inadequacies, deficiencies, overlaps, or contradictions, if any, can be found in the existing policies issued by the LGUs?

        ii. What possible improvements can be proposed?

        iii. What problems or issues are being suggested by the Summary of RSA Findings?

        iv. What are the possible causes or reasons for the said problems or issues?

        v. What are the possible solutions to the problems or issues that may require legislation or executive action?

    b. Prepare a list of your group's answers to the questions above, identified policy gaps/issues, and recommendations. You may use the table below to organize your answers.

Findings	Policy Gaps/Issues	Recommendations

7. For the plenary presentation of workshop outputs, allot 15 minutes for presentation and another 15 minutes for the open forum for each group. This period is the opportunity for members of other groups to raise clarificatory questions on the output of each group. While the groups are presenting, note similarities and discrepancies, and probe on the proposed solutions. Specifically, analyze if the recommended solutions require legislation or not. After all the groups have presented their outputs, connect the whole process to the *Framework of Local Health Policy Development*.

Session 5. Fundamental Principles of Evidence-based Legislation

In this lecture, the facilitator will introduce the systematic and diligent use of best evidence, data, facts, and information in the formulation of legislation and policies. To be presented also are the advantages of the objective and empirical approach of evidence-based legislation as opposed to traditional local policy-making that relies mainly on opinions, conjectures and purely political considerations.

Task Objectives

By the end of this lecture, the participants should be able to:
1. explain the concept of evidence-based legislation,

2. compare evidence-based legislation and the traditional method of local policy-making, and

3. expound on the benefits or advantages of using the objective and empirical approach of evidence-based legislation as opposed to the traditional method of local policy-making. At the end of this step, you should have monitored the implementation of the policies, and evaluated results of such policies in relation to NTP goals.

Suggested Tool

- PowerPoint Presentation on Fundamental Principles of Evidence-based Legislation (*Tool 11*)

Process

1. First 30 minutes: Focus on the definition of terms (differentiating the meanings of evidence, fact, information, and data) and the enumeration of possible sources of evidence (from constituents' opinions expressed in public assemblies to people's sentiments articulated in radio/television talk shows, and from surveys/censuses to books/periodicals). Highlight how information should be treated in terms of the limitations on the collection of evidence, the quality of facts gathered, and the safeguarding of data.
2. Middle 15 minutes: Discuss the benefits or advantages of practicing evidence-based legislation – it is more scientific, verifiable, measurable, representative and/or participatory, and objective. Then, explain the different stages of local legislation where evidence or data is used: (a) identification of the community's needs and aspirations, (b) evaluation and classification of needs and interests, (c) prioritization of concerns and issues, (d) formulation and crafting of legislative measures, and (e) validation of the effectiveness of legislative actions.
3. Last 15 minutes: Conclude the session with an open forum.
4. Optional practice tasks: Question and Answer (in plenary)
   - ❑ Define evidence-based legislation.
   - ❑ Compare evidence-based legislation and the traditional method of local policy-making.
   - ❑ Enumerate the advantages and disadvantages of evidence-based legislation and traditional method of local policy-making.
   - ❑ Allot a few minutes to discuss their answers to the practice task and allot more time to discuss topics that need more explanation.

Session 6. Various Tools of Evidence-based Legislation

In this lecture, the facilitator will discuss the different systems and methodologies that may be employed in the practice of evidence-based legislation: basic action research, problem tree analysis, legislative tracking, and political mapping. Make sure to give a bird's eye view of each evidence-based legislation tool so that participants, on their own, may later pursue them for more in-depth study.

Task Objectives

By the end of this lecture, the participants should be able to:
1. define the different systems and/or methodologies that may be employed in the practice of evidence-based legislation: basic action research, problem tree analysis, legislative tracking, and political mapping; and

2. discuss how understanding of the various evidence-based legislation tools can be used in their efforts in enhancing local policies that support TB control program implementation.

Suggested Tools

- ▪ PowerPoint Presentation on Various Tools for Evidence-based Legislation (*Tool 12*)

Process

1. First 30 minutes: Discuss the five stages of action research. Explain also the process of problem analysis, specifically problem tree analysis.

2. Middle 15 minutes: Discuss legislative tracking and political mapping. Emphasize the following points:

   ▪ There are many ways of looking at a problem/issue, and these also determine what solutions can be offered.

   ▪ Evidence and data are important to determine which causes or reasons significantly affect a problem or issue.

   ▪ If policy is not connected to evidence or data, it would be difficult to see whether the policy was able to address the problem or issue.

   ▪ Data collection and analysis are an important part of evidence-based legislation/game theory/participatory decision-making (EBL/GT/PDM) policy-making.

3. Last 15 minutes: Conduct an open forum.

4. Optional practice tasks

   ❑ Define each system that may be employed in the practice of evidence-based legislation:

      • Basic action research:
      • Problem tree analysis:
      • Legislative tracking:
      • Political mapping:

   ❑ Which of the above tools do you think is the most useful in enhancing local policies that support TB control program implementation? Why?

   ❑ Allot a few minutes to discuss their answers to the practice task and allot more time to topics or concepts that need more explanation.

Session 7. Workshop on the Analysis of Data and Issues on Local TB Programs

In this workshop, the participants will work in small groups to analyze relevant data and cases on current local TB programs, and apply evidence-based legislation techniques. They should collectively identify the problems or issues in the local TB program and determine the causes or reasons for said issues.

Task Objectives

By the end of this workshop, participants will be able to analyze their current TB situation and identify problems/issues that can be addressed through policy actions by various stakeholders of the TB control program.

Suggested Tools

- PowerPoint Presentation: Workshop on Analysis of Data and Issues on Local TB Programs (*Tool 13*)
- Handout: Workshop on Data Analysis (*Tool 14*)

Process

1. Divide the participants into four groups of preferably equal number of members.
2. Distribute the workshop instructions among the groups.
3. Explain the workshop instructions using the PowerPoint slides.
4. Each group will identify problems/issues and recommended policy solutions. They will employ the various tools – basic action research, problem tree analysis, legislative tracking, and political mapping – in analyzing the pre-assigned data and/or cases. They will answer the following guide questions:
   a. What problems or issues are being suggested by the local data and/or cases?
   b. What are the possible causes or reasons for the said problems or issues?
   c. What are the possible solutions to the problems or issues that may require legislation or executive action?
5. Instruct each group to assign a reporter to present the group output in plenary.
6. The specific tasks that each of the groups will perform are:
   a. Read the Summary of the March 2013 RSA Findings for your province, then answer the following questions:
      - What problems or issues are being suggested by the local data and/or cases?
      - What are the possible causes or reasons for the said problems or issues?
      - What are the possible alternative solutions to the problems or issues?
      - Do these solutions require legislation or executive action?
      - If yes, what draft legislation or executive order can you propose?
      - What are the advantages and limitations of the evidence-based legislation tool that you just used?
   b. Prepare a presentation using the following outline and the table below.
      - Main issue in your locality (e.g., low Case Notification ate)
      - Table of identified problems/issues, causes, recommended policy solutions
      - Advantages/Limitations of the evidence-based legislation tools used
      - Proposed local policy instrument to undertake and content (in broad strokes)

Identified issue in the locality: e.g., low Case Notification Rate

Issues/ Causes	Alternatives/ Solutions	Legislation? (Yes or No)	Recommended Policy

7. Plenary presentation of workshop outputs
    ▪ Each group is given 15–20 minutes to report its findings and recommendations.
    ▪ After each group's presentation, allot 15–20 minutes for the open forum to allow members of other groups to ask clarificatory questions on the workshop outputs.
    ▪ Make sure to take note of similarities and discrepancies, and probe on the proposed solutions – whether the recommended solutions require legislation or not.

Session 8. Basic Principles of Participatory Decision-making

In this lecture, the facilitator will discuss the basic principles of participatory decision-making, provide a comparison of the different models, and expound on how these models are applied to local policy-making.

Task Objectives

By the end of this lecture, the participant should be able to:
1. understand the basic concepts and principles of participatory decision-making, and

2. understand how the process of participatory decision-making can be applied to local policy-development, with emphasis on health and/or TB control issues and concerns.

Suggested Tool

▪ PowerPoint Presentation on Basic Principles of Participatory Decision-making (*Tool 15*)

Process

1. First 60 minutes: Discuss the basic concepts and principles of participatory decision-making. Then, show a comparative analysis of other models of participatory decision-making, and how these may also be applied to local policy-making. Give special attention to their application to local policy issuances relating to TB control and/or other health issues and concerns.

2. Last 30 minutes: Conduct an open forum.

Session 9: Workshop on the Participatory Process of Policy Development

Task Objective

By the end of this workshop, the participant should be able to apply lessons learned in data analysis, evidence-based legislation and participatory decision-making in given scenarios.

Suggested Tool

- PowerPoint Presentation: Workshop on Participatory Process of Policy Development (*Tool 16*)

Process

1. The participants shall break into three groups of preferably equal number of members, distributed in a random manner.

2. Each group shall develop a role-play skit based on an assigned scenario depicting the particular state of the local TB program in terms of whether a local policy is in place, as follows:
    - Group 1 – The LGU has no existing TB control policy

    - Group 2 – The LGU has existing TB control policy but is not being implemented

    - Group 3 – The LGU has existing TB control policy that is being implemented but needs improvement

3. Present the guidelines for the preparation of the skit, as follows:

    - Maximum running time is 10 minutes.
    - Everyone must have a speaking part.
    - The scenario depicts the situation at the LGU level where health workers interact with local officials, other health workers, NGOs, and other stakeholders regarding the specific intervention required by the local TB situation.
    - The group will incorporate techniques of evidence-based legislation and participatory decision-making process (orientation workshop, committee hearing, health summit, etc.) in the skit.

4. Each group shall be given 45 minutes to prepare their respective skits.

5. Facilitators shall announce that everyone will be asked to comment on the skits of the other groups so that they should watch closely and make notes, if necessary.

6. Facilitators should take note of similarities and differences in the treatment by the groups of their given scenarios. They should analyze whether the scenario and the groups' recommended solutions require legislation or not.

7. A 15-minute open forum will be conducted to allow members of other groups to ask clarificatory questions on each group's output. Following this, the lead facilitator will connect the whole process to

the Evidence-based Legislation/Participatory Decision-making Framework of Local Health Policy-Development.

Session 10: Workshop on the Preparation of Action Plans and Drafting of TB Ordinances

This session starts with a lecture, followed by the workshop. The facilitator will provide a brief background on how to track and document different kinds of policy issuances supportive of the TB control program, and how to monitor local policies after its formal approval or enactment to ensure that the policies are being implemented.

Task Objectives

By the end of the session, the participant should be able to:

1. understand the process for tracing and documenting policy issuances supportive of the TB control program,

2. understand the process for monitoring enacted local policies,

3. prepare a detailed work plan for developing, tracking, and monitoring local policies supportive of the TB control program, and

4. draft policies for adoption in the participating LGUs.

Suggested Tools

- PowerPoint Slide on Monitoring and Evaluation Framework (*Tool 17*)
- Handout on Monitoring and Evaluation Framework (*Tool 18*)
- Handout on Local TB Policy Monitoring Tool (*Tool 19*)
- Handout on Local TB Policy Tracking Tool (*Tool 20*)
- Sample Ordinance (*Tool 21*)
- Handout on Analysis of Data and Issues in Local TB Programs (*Tool 14*)

Process

1. First 30 minutes of the lecture: Discuss the process for tracking the development of local policies for TB control towards their formulation, approval and adoption. Introduce the simple tracking tool developed to help health workers in this task. The tool keeps track of the progress in local TB policy development and provides regular updates on the status of LGU policy measures as these undergo the policy process.

2. Last 30 minutes of the lecture. Discuss how the health workers can closely observe progress of local policies. This is important so they can determine how policies are being implemented, i.e., whether any budget for the TB control program is allocated and used properly. They also need to find out the specific aspect of TB control program implementation for which the mandated funds are being used. Introduce the simple monitoring tool that was developed to help them in this task.

3. For the workshop proper, use the same slide set used in Session 7 but this time, the participants will analyze TB information in their own localities.

- ❑ Ask participants to form groups based on their LGU affiliation, i.e., by province, city, or municipality.
- ❑ Remind each group to elect a reporter who will present the group output in plenary.
- ❑ Advise the groups that they will have to analyze their existing local TB programs and the enacted policy issuances of their LGU by discussing their answers to the following focus questions:
  - a. What problems or issues are being suggested by the data concerning the local TB program in your LGU?
  - b. What are the possible causes or reasons for the said problems or issues?
  - c. What are the possible solutions to the problems or issues that may require legislation or executive action?
  - d. What inadequacies, deficiencies, overlaps, or contradictions, if any, can be found in the existing policies issued by your LGU?
  - e. What possible improvements can be proposed?
- ❑ Instruct each group to prepare a list of its findings, identified policy gaps/issues, and recommended improvements and/or solutions.
- ❑ The groups will draft a local policy supporting the TB control program. The facilitator may give each group a copy of sample ordinances enacted in other LGUs.

4. Plenary presentation of workshop outputs
- ❑ Allot 15−20 minutes for each group to report their findings and recommendations. Facilitators will take note of similarities and differences. Proposed solutions will be examined as to whether the recommended solutions require legislation or not.
- ❑ Allot 15 minutes for an open forum after each presentation to allow members of other groups to ask clarificatory questions on each group's output.

5. After the open forum, the lead facilitator will connect the whole process to the Evidence-based Legislation/Participatory Decision-making Framework of Local Health Policy Development.

Session 11. Synthesis and Closing Ceremony

Task Objectives

By the end of the session, the participant should be able a) to appreciate how the objectives for the training workshop were achieved, and b) be motivated to apply the knowledge and skills acquired in participatory evidence-based legislation in support of the NTP.

Process

1. Ask one participant from each rural health unit or health office to share with the group his/her group's insights and lessons learned from the workshops.
2. The lead facilitator will synthesize their inputs and relate them to the objectives of the workshop.
3. Request officers from the regional health office, provincial health office, and development partners to give short closing messages.

Useful Resources

Reference Handbook on Evidence-Based Policy Development by Atty. Benedict Gonzales (2014)

Local Government Code of the Philippines