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Stakeholder Understanding and Participation in Health Promotion Planning: Evidence from Prieto Diaz, Sorsogon, Philippines

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***Abstract*—** This study assessed stakeholder understanding and participation in health promotion planning in Prieto Diaz, Sorsogon, Philippines, and developed a participatory planning framework for strengthening local health promotion initiatives. Using a descriptive-correlational design, the study examined the demographic profile of 150 stakeholders and measured their level of understanding of participatory planning across four dimensions: conceptual, process, application, and analytical understanding. Data were gathered through a structured survey questionnaire and analyzed using frequency, percentage, weighted mean, and statistical tests of relationship. Findings showed that the respondents were mostly female, married, government-employed, and had served for one to ten years. Stakeholders demonstrated strong understanding of participatory planning, with all four dimensions interpreted as Strongly Agree: conceptual understanding, process understanding, application understanding, and analytical understanding. Results also showed no significant relationship between demographic profile and level of understanding, indicating that stakeholder understanding was generally consistent across age, sex, civil status, occupation, length of service, educational attainment, and stakeholder membership. Based on the findings, a participatory planning framework was proposed, emphasizing stakeholder-centered conceptualization, collaborative planning, implementation, monitoring, evaluation, learning, and continuous improvement. The study highlights the importance of inclusive, evidence-based, and community-responsive approaches in strengthening local health promotion governance.

***Keywords*—** Stakeholder participation; health promotion planning; participatory planning; local health governance; community health engagement.

I. INTRODUCTION

Health promotion planning has increasingly shifted from expert-driven and top-down approaches toward participatory models that recognize communities and local stakeholders as active contributors to health development. In many local settings, health problems cannot be addressed by clinical services alone because they are shaped by social, cultural, behavioral, environmental, economic, and governance-related factors. For this reason, health promotion requires collaborative planning among health professionals, local government units, community leaders, and other stakeholders who understand local needs and can contribute to the design, implementation, monitoring, and improvement of health programs. In this context, stakeholder participation becomes essential because it allows health promotion initiatives to become more responsive, inclusive, culturally appropriate, and sustainable.

Internationally, participatory planning is widely recognized as a key element of effective health governance. The World Health Organization has emphasized that stakeholder engagement contributes to health planning by ensuring that programs are aligned not only with institutional priorities but also with the actual needs of communities. In decentralized health systems, such as in the Philippines, local government units and community stakeholders are expected to play an active role in identifying health concerns, allocating resources, implementing programs, and monitoring results. However, meaningful stakeholder participation remains a continuing challenge because stakeholders may differ in awareness, influence, resources, technical capacity, and access to decision-making processes. These differences may affect whether participation becomes genuinely collaborative or remains limited to consultation.

Participatory planning is especially important in resource-limited municipalities where health promotion programs must respond to diverse community concerns despite constraints in human, technical, and financial resources. In these settings, collaboration can help strengthen shared responsibility, improve communication, build community ownership, and promote better use of available resources. When stakeholders are meaningfully involved, health promotion programs are more likely to reflect the lived experiences and priorities of the people they intend to serve. Conversely, weak stakeholder participation may lead to health initiatives that are less responsive to community needs, less coordinated across sectors, and less sustainable over time. The manuscript identifies Prieto Diaz, Sorsogon as one such local setting where participatory planning is relevant to strengthening health promotion governance and implementation.

The literature reviewed in the manuscript shows that stakeholder participation is shaped by demographic characteristics, professional roles, social context, and institutional capacity. Johnson-Agbakwu et al. (2022) emphasized that structural conditions can influence health disparities and require collaboration among clinicians, policymakers, and community representatives. Shimkhada, Scheitler, and Ponce (2021) highlighted the value of disaggregated data in identifying differences among population groups and developing culturally appropriate interventions. Jackson, Trivedi, and Baur (2021) also linked health disparities to health literacy and digital inclusion. These studies suggest that health promotion planning should consider who the stakeholders are, what experiences they bring, and how their social and professional backgrounds may affect their participation.

Professional role and stakeholder capacity are also important in participatory health promotion. Ngcobo et al. (2022) noted that community health workers contribute significantly to community-based health processes but may experience challenges such as insufficient training and stigmatization. Adebisi, Rabe, and Lucero-Prisno III (2021) emphasized that trust, cultural factors, and stakeholder participation are central to effective risk communication. These findings indicate that stakeholders must not only be present in the planning process but must also have the knowledge, confidence, and resources needed to participate meaningfully. In local health promotion, participation should therefore be supported by capacity building, communication systems, and institutional mechanisms that enable stakeholders to contribute beyond symbolic involvement.

Participatory planning is also associated with equity, sustainability, and community empowerment. Pineo and Moore (2022) argued that health system integration requires attention to financial, organizational, and technical challenges. Ravaghi et al. (2023) emphasized that assessing stakeholder needs and assets through systematic approaches can improve the quality of health planning. Spadaro et al. (2023) showed that municipal-level participatory planning can build trust, ownership, and adaptation among stakeholders, while Heimburg and Cluley (2021) stressed that co-creation produces more context-appropriate solutions. However, Bosdijk et al. (2023) warned that poor integration among sectors, institutions, and policies can lead to fragmentation. These studies collectively support the need for participatory health promotion systems that are structured, collaborative, and integrated.

The manuscript also draws attention to participatory methods that operationalize stakeholder engagement. Iniesto et al. (2022) discussed the relevance of co-design strategies in incorporating community knowledge. Cornish et al. (2023) emphasized participatory action research as a means of empowering communities and addressing inequalities. Bate and Robert (2023) highlighted experience-based design as a method for using stakeholder experience to improve services. Nutbeam and Muscat (2021) stressed the need for conceptual clarity in developing frameworks that can be applied across different contexts. Aadahl et al. (2023) presented the “Our Healthy Community” framework as a model for health promotion and disease prevention in municipalities. These works suggest that participatory planning should be guided by clear concepts, structured

processes, practical application, and mechanisms for evaluation.

Analytical understanding is another important element of participatory planning because stakeholders must be able to interpret information, evaluate program effectiveness, and use evidence for decision-making. Prasinos et al. (2022) demonstrated the value of analysis-based approaches that integrate clinical, behavioral, environmental, and social dimensions. Brocklehurst, Baker, and Langley (2021) argued that conventional evidence-translation models may not fully respond to the complexity of public health systems and that participatory and systems-oriented approaches may be more appropriate. Smith et al. discussed structured decision-making tools that help stakeholders define goals, analyze alternatives, and consider uncertainty. Sapkota et al. (2024) further emphasized participatory planning workshops as useful mechanisms for problem analysis, prioritization, and collaborative problem-solving. These studies support the idea that participation must be linked with evidence, analysis, and continuous learning.

In the Philippines, local health promotion planning occurs within a decentralized governance environment where municipalities, barangays, health workers, and community representatives play important roles in health program delivery. However, local implementation may still be affected by differences in capacity, coordination, resource availability, and the degree of stakeholder involvement. In Prieto Diaz, Sorsogon, the need to strengthen participatory planning is particularly relevant because local stakeholders are directly involved in health service delivery, emergency preparedness, nutrition, social welfare, planning, budgeting, and governance. Understanding how these stakeholders perceive and apply participatory planning can help identify strengths and areas for improvement in local health promotion systems.

The problem addressed in this study is the need to determine whether stakeholders in Prieto Diaz possess sufficient understanding of participatory planning and whether their demographic characteristics are associated with their level of understanding. While participatory planning is recognized as essential to effective health promotion, its success depends on stakeholders' conceptual understanding, process awareness, practical application, and analytical capacity. Without these competencies, stakeholder participation may remain procedural rather than meaningful. The manuscript therefore examined stakeholders' demographic profile, their level of understanding across four dimensions, the relationship between profile and understanding, and the development of a participatory planning framework for strengthening health promotion in the municipality.

Thus, assess stakeholder understanding and participation in health promotion planning and develop a participatory planning framework for strengthening local health promotion initiatives. Specifically, it describes the demographic profile of stakeholders in terms of age, sex, civil status, occupation, length of service, educational attainment, and stakeholder membership; determines their level of understanding of participatory planning in terms of conceptual, process, application, and analytical understanding; examines the relationship between demographic profile and level of understanding; and proposes a participatory planning framework for improving stakeholder participation and local health promotion planning in Prieto Diaz, Sorsogon, Philippines.

II. METHODOLOGY

This study employed a descriptive-correlational research design to assess stakeholder understanding and participation in health promotion planning in Prieto Diaz, Sorsogon, Philippines. This design was appropriate because the study aimed to describe the demographic profile of stakeholders, determine their level of understanding of participatory planning, and examine whether demographic variables were significantly related to their understanding. The study used quantitative data gathered through a structured survey questionnaire, allowing the researcher to measure stakeholders' conceptual, process, application, and analytical understanding of

participatory health promotion planning without manipulating any variables.

The respondents consisted of stakeholders involved in local health promotion and community service functions in Prieto Diaz. The manuscript identified key stakeholder groups such as local government officials, Municipal Health Office personnel, Barangay Health Workers, barangay leaders, Local Health Board members, and other municipal-level actors engaged in health service delivery, nutrition, social welfare, disaster risk reduction, planning, budgeting, and governance. The survey questionnaire served as the main research instrument and contained two major parts: the first gathered demographic and professional information, while the second measured stakeholders' level of understanding of participatory planning using a four-point Likert scale.

Data collection was conducted systematically after securing permission and coordinating with the identified respondents. The purpose of the study, voluntary participation, confidentiality, and informed consent were explained before questionnaire administration. After retrieval, the responses were organized, coded, tabulated, and analyzed with appropriate statistical tools. Frequency count and percentage were used to describe the respondents' demographic profile, while the weighted mean was used to determine their level of understanding of participatory planning. Statistical testing was also used to examine the relationship between demographic profile and level of understanding at the 0.05 level of significance. Ethical standards were observed throughout the study to protect respondent privacy, ensure voluntary participation, and maintain the integrity of the research process.

III. RESULTS

Demographic profile of stakeholders

The demographic profile of the respondents shows that the stakeholders involved in health promotion planning in Prieto Diaz, Sorsogon were mostly young to middle-aged adults, with the largest group belonging to the 26–30 age bracket.

The respondents were also predominantly female, married, employed in government service, and had generally served for one to ten years. In terms of educational attainment, most respondents had reached either high school or college level. All respondents were identified as stakeholder members, indicating that the participants were formally connected to community or local health-related functions.

Table 1. *Demographic Profile of the Respondents*

Variable	Category	f	%
Age	21–25 years old	31	20.67
	26–30 years old	49	32.67
	31–35 years old	37	24.67
	36 years old and above	33	22.00
Sex	Male	48	32.00
	Female	102	68.00
Civil Status	Single	39	26.00
	Married	102	68.00
	Widowed	9	6.00
Occupation	Government	146	97.33
	Private	0	0.00
	Unemployed	4	2.67
Length of Service	1–5 years	68	45.33
	6–10 years	45	30.00
	11–15 years	20	13.33
	16 years and above	17	11.33

Educational Attainment	Elementary	9	6.00
	High School	78	52.00
	College	59	39.33
	Undergraduate	4	2.67
	Graduate	0	0.00
Stakeholder Membership	Yes	150	100.00
	No	0	0.00

These findings suggest that health promotion planning in the municipality is largely supported by stakeholders who are already embedded in government and community service structures. The dominance of government-employed respondents indicates that local health promotion remains closely tied to formal public-sector mechanisms. This is important because local government units and health-related offices often serve as the primary implementers of community health programs. However, the limited representation from the private sector may also imply that participatory health planning in the area is still concentrated among formal public actors rather than a broader multisectoral base.

The profile of the respondents supports the scope of the study, which focused on local government officials, Municipal Health Office staff, Barangay Health Workers, barangay leaders, and Local Health Board members because these groups are key decision-makers and implementers of local health programs. The manuscript explains that limiting the study to formally engaged stakeholders helped ensure that the data represented individuals with direct experience and influence in health promotion planning.

This finding is consistent with the broader literature cited in the manuscript, which emphasizes that stakeholder characteristics, professional roles, and available resources influence participation in health promotion. Ngcobo et al. (2022), for example, highlighted the important contribution of community health workers while also noting challenges such as insufficient training and role-related barriers. Similarly, Adebisi, Rabe, and Lucero-Prisno III (2021) emphasized the importance of trust, cultural factors, and stakeholder participation in community-based health communication. These studies support the view that the demographic and professional background of stakeholders must be considered when designing participatory health promotion interventions.

Stakeholders' level of understanding of participatory planning in health promotion

The results show that stakeholders demonstrated a high level of understanding of participatory planning across all four dimensions: conceptual, process, application, and analytical understanding. Conceptual understanding obtained the highest average weighted mean, followed by application understanding, while process and analytical understanding obtained equal average weighted means. All dimensions were interpreted as Strongly Agree, indicating that stakeholders generally understood the meaning, purpose, procedures, practical use, and evaluative requirements of participatory planning in health promotion.

Table 2. *Stakeholders' level of understanding of participatory planning in health promotion*

Dimension	Average Weighted Mean	Interpretation
Conceptual Understanding	3.72	Strongly Agree
Process Understanding	3.61	Strongly Agree
Application Understanding	3.64	Strongly Agree
Analytical Understanding	3.61	Strongly Agree

The high rating for conceptual understanding suggests that stakeholders recognize participatory planning as a shared and inclusive approach to health promotion. This means that respondents were aware that health

promotion planning should not be conducted through a purely top-down process but should involve shared decision-making, empowerment, feedback, and community participation.

This aligns with Arnstein's Ladder of Citizen Participation, which the manuscript uses as a theoretical foundation to emphasize meaningful participation beyond simple consultation.

Table 3. *Concept understanding of participatory planning*

Indicator	Weighted Mean	Interpretation
Understands the meaning and purpose of participatory planning in health promotion	3.79	Strongly Agree
Aware that participatory planning emphasizes shared decision-making among stakeholders	3.74	Strongly Agree
Recognizes participatory planning as a strategy that involves community members in identifying health needs	3.77	Strongly Agree
Understands that participatory planning aims to empower stakeholders in health promotion initiatives	3.73	Strongly Agree
Familiar with the basic concepts and principles underlying participatory planning for health promotion	3.64	Strongly Agree
Understands one's role as a stakeholder in health promotion planning	3.73	Strongly Agree
Knows that participatory planning requires continuous feedback and evaluation	3.67	Strongly Agree
Average Weighted Mean	3.72	Strongly Agree

The strong rating for process understanding indicates that respondents were aware of the steps, stakeholder roles, collaborative decision-making processes, and feedback mechanisms involved in participatory planning. However, because process understanding obtained a slightly lower mean than conceptual understanding, the finding may suggest that stakeholders are more confident in the general ideas of participatory planning than in the detailed procedural aspects of carrying it out. This implies the need for continuing orientation and structured capacity-building on planning steps, stakeholder mapping, documentation, and feedback integration.

Table 4. *Process understanding of participatory planning*

Indicator	Weighted Mean	Interpretation
Understands the steps involved in conducting participatory planning for health promotion activities	3.63	Strongly Agree
Aware of how stakeholders are engaged at each stage of the health promotion planning process	3.57	Strongly Agree
Understands how decisions are collaboratively made during participatory health planning	3.67	Strongly Agree
Familiar with the roles and responsibilities of stakeholders throughout the participatory planning process	3.59	Strongly Agree
Understands how feedback and inputs from stakeholders are integrated into health promotion plans	3.59	Strongly Agree
Average Weighted Mean	3.61	Strongly Agree

The strong application understanding indicates that stakeholders perceived themselves as capable of applying participatory planning in actual health promotion activities. This includes involving community members, facilitating discussions, using participatory approaches to address community health issues, collecting feedback, and using monitoring results to improve programs. The manuscript's theoretical discussion supports this interpretation by explaining that application understanding refers to stakeholders' capacity to apply participatory approaches in real health planning situations.

Table 5. *Application understanding of participatory planning*

Indicator	Weighted Mean	Interpretation
Able to apply participatory planning principles in actual health promotion activities	3.55	Strongly Agree
Understands how to involve community members in implementing health promotion plans	3.66	Strongly Agree
Uses participatory approaches when addressing identified health issues in the community	3.59	Strongly Agree
Actively facilitates community discussions to identify health needs	3.65	Strongly Agree
Understands how participatory planning is applied in developing and executing health promotion programs	3.64	Strongly Agree
Collects and analyzes feedback from community members to improve health promotion activities	3.67	Strongly Agree
Capable of translating participatory planning concepts into practical health promotion actions	3.60	Strongly Agree
Uses monitoring results to adjust and strengthen ongoing health promotion efforts	3.73	Strongly Agree
Average Weighted Mean	3.64	Strongly Agree

The strong analytical understanding further indicates that stakeholders were able to assess program effectiveness, identify strengths and weaknesses, analyze stakeholder contributions, evaluate outcomes, and interpret feedback for decision-making. This dimension is important because participatory planning should not end with implementation; it should include monitoring, evaluation, learning, and program refinement.

The manuscript supports this point by emphasizing that effective participatory health planning requires evidence-based frameworks that integrate data collection, contextual analysis, and stakeholder involvement.

Table 6. *Analytical understanding of participatory planning*

Indicator	Weighted Mean	Interpretation
Can critically assess the effectiveness of participatory planning in health promotion initiatives	3.54	Strongly Agree
Able to identify strengths and weaknesses in the participatory planning process	3.59	Strongly Agree
Can analyze stakeholder contributions and their impact on health promotion outcomes	3.62	Strongly Agree

Understands how to evaluate the results of participatory planning activities for future improvements	3.64	Strongly Agree
Capable of interpreting data and feedback to make informed decisions in participatory health planning	3.66	Strongly Agree
Average Weighted Mean	3.61	Strongly Agree

These findings are supported by several studies cited in the manuscript. Aadahl et al. (2023) emphasized the need for a shared conceptual framework in municipal health promotion and disease prevention. Bosdijk, Nieboer, and Cramm (2023) highlighted the importance of integrated neighborhood approaches and stakeholder collaboration in health promotion. Heimburg and Cluley (2021) emphasized co-creation as a way to produce context-appropriate solutions, while Cornish et al. (2023) framed participatory action research as a means of empowering communities to address inequalities. Together, these studies affirm that conceptual clarity, procedural engagement, practical application, and analytical decision-making are all essential to effective participatory health promotion planning.

Relationship between stakeholders' demographic profile and their level of understanding of participatory planning in health promotion

The results show that none of the demographic variables had a statistically significant relationship with stakeholders' level of understanding of participatory planning in health promotion. Age, sex, civil status, occupation, length of service, educational attainment, and stakeholder membership all had p-values greater than 0.05. Therefore, the null hypothesis was not rejected for all variables.

This finding indicates that stakeholders' understanding of participatory planning was generally consistent across demographic groups.

In practical terms, differences in age, sex, marital status, occupation, years of service, educational background, and stakeholder membership did not significantly explain variations in their level of understanding.

This may suggest that participatory planning knowledge in Prieto Diaz is relatively shared among stakeholders, regardless of personal or professional background.

Table 7. *Relationship between demographic profile and level of understanding*

Demographic Variable	Computed Value	p-value	Decision at α = 0.05
Age	5.21	0.157	Fail to reject Ho
Sex	1.84	0.398	Fail to reject Ho
Civil Status	3.02	0.221	Fail to reject Ho
Occupation	4.11	0.129	Fail to reject Ho
Length of Service	6.33	0.096	Fail to reject Ho
Educational Attainment	2.67	0.263	Fail to reject Ho
Stakeholder Membership	1.55	0.461	Fail to reject Ho

The finding is important because it implies that participatory health promotion planning can be strengthened through inclusive strategies that do not need to be limited to a particular demographic group. Since understanding was high and not significantly differentiated by profile, capacity-building programs may be designed for all stakeholder groups rather than only for selected categories. However, the lack of significant relationship should not be interpreted to mean that demographic characteristics are irrelevant in all contexts. Instead, it means that within this study's

respondents, demographic variables did not statistically affect understanding.

The result may also reflect the study's scope, which focused on individuals formally involved in local health governance and health-related community functions. Since the respondents were already connected to health promotion structures, they may have shared similar exposure to planning activities, community engagement, and program implementation. The manuscript explains that the respondents were selected because they were key decision-makers and implementers who influence local health programs.

This finding can be viewed in relation to the Explanatory Theory used in the manuscript. The theory recognizes that stakeholders' knowledge, experiences, social interactions, and involvement in participatory activities may influence their understanding of planning processes. In this study, however, demographic variables did not significantly differentiate understanding, suggesting that shared involvement in health-related work may have been more important than demographic profile alone.

Proposed participatory planning framework for strengthening stakeholder participation and local health promotion planning in Prieto Diaz, Sorsogon, Philippines

The proposed participatory planning framework presents a structured model for strengthening health promotion planning in Prieto Diaz, Sorsogon. The framework is centered on stakeholders as the main actors and consists of four interconnected phases: conceptualization, process engagement, implementation and application, and monitoring, evaluation, and learning.

It is also supported by a continuous improvement cycle and cross-cutting components such as capacity building, communication and information sharing, resource mobilization, partnership and networking, gender and social inclusion, and policy support.

Table 8. *Components of the proposed participatory planning framework for health promotion*

Framework Component	Description
Central Actor	Stakeholders as the primary actors in participatory health promotion planning
Phase 1	Conceptualization Phase: building shared understanding of health promotion priorities and participatory planning concepts
Phase 2	Process Engagement Phase: collaborative planning and stakeholder participation in decision-making
Phase 3	Implementation and Application Phase: putting health promotion plans into action
Phase 4	Monitoring, Evaluation, and Learning Phase: assessing, analyzing, and improving health promotion activities
Continuous Improvement Cycle	Ongoing movement from planning to implementation, evaluation, feedback, and refinement
Cross-Cutting Supporting Components	Capacity building; communication and information sharing; resource mobilization and management; partnership and network; gender and social inclusion; policy and supportive environment
Expected Outcomes	Relevant and responsive health promotion programs; empowered and engaged communities; improved health outcomes; strengthened collaboration and ownership; sustainable health promotion initiatives

The framework directly responds to the study findings. Since stakeholders demonstrated strong conceptual, process, application, and analytical understanding, the framework builds on their existing capacity while addressing the need for more systematic and sustained participation. The conceptualization phase strengthens shared understanding of health priorities and participatory planning principles. The process

engagement phase promotes collaborative decision-making. The implementation and application phase translates plans into community-based action. The monitoring, evaluation, and learning phase ensures that health promotion activities are assessed, analyzed, and improved over time.

This framework is consistent with the study's IPO conceptual model, where demographic profile and stakeholder understanding served as inputs, the descriptive survey and statistical analysis served as the process, and the participatory planning framework became the output. The manuscript explains that this framework is expected to guide stakeholder engagement, enhance planning processes, and improve the effectiveness of health promotion initiatives in Prieto Diaz.

The framework is also supported by the Theory of Change used in the manuscript. The theory suggests that when stakeholders are empowered, capacity-built, and actively involved, their participation improves and health promotion outcomes become more effective. This supports the inclusion of capacity building, communication, resource mobilization, and partnership as cross-cutting elements of the proposed framework.

The literature cited in the manuscript further strengthens the framework. Ravaghi et al. (2023) emphasized the importance of assessing stakeholder needs and assets through systematic approaches. Szetey et al. (2021) linked local participatory planning with sustainability and social justice goals. Sapkota et al. (2024) highlighted the role of participatory planning workshops, problem-tree analysis, prioritization, and other participatory activities in generating useful data and promoting collaborative problem-solving. These studies support the framework's emphasis on evidence-based planning, stakeholder participation, and continuous improvement.

Overall, the framework provides a practical model for transforming stakeholder understanding into organized participatory action. It recognizes that effective health promotion planning requires not only awareness but also structured engagement, implementation, feedback, analysis, and policy support. This makes the framework useful not only for Prieto Diaz but also for similar local government settings seeking to strengthen community-based health promotion planning.

IV. CONCLUSION & RECOMMENDATION

The study concludes that stakeholders in Prieto Diaz, Sorsogon, Philippines demonstrated a strong level of understanding of participatory planning in health promotion across conceptual, process, application, and analytical dimensions. The findings indicate that stakeholders generally understand the meaning and purpose of participatory planning, recognize the importance of shared decision-making, and are capable of applying participatory approaches in community-based health promotion activities. Their analytical understanding also shows that they can evaluate planning outcomes, interpret feedback, and use information for decision-making. Moreover, the study found no significant relationship between demographic profile and level of understanding, suggesting that stakeholders' understanding of participatory planning was generally consistent regardless of age, sex, civil status, occupation, length of service, educational attainment, or stakeholder membership. These findings support the development of a participatory planning framework centered on stakeholder engagement, collaborative planning, implementation, monitoring, evaluation, and continuous improvement.

Based on the findings, local government units, health offices, and community health stakeholders in Prieto Diaz should institutionalize participatory planning as a regular mechanism in health promotion planning and implementation. Capacity-building activities should be conducted to further strengthen stakeholders' practical and analytical skills, particularly in applying participatory methods, facilitating community discussions, using monitoring results, and evaluating program outcomes. The Local Health Board and Municipal Health Office should also strengthen communication, resource mobilization, intersectoral collaboration, gender and social inclusion, and policy support to sustain stakeholder participation. The proposed participatory planning framework may be

adopted as a guide for developing responsive, inclusive, evidence-based, and sustainable health promotion programs in Prieto Diaz and may also be tested or adapted in other municipalities with similar local health governance contexts.

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