THE PHILIPPINE SUSTAINABLE SANITATION KNOWLEDGE SERIES

Guidebook for a Local Sustainable Sanitation Strategy

DEPARTMENT OF HEALTH

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Guidebook for a Local Sustainable Sanitation Strategy

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- ***Guidebook for a Local Sustainable Sanitation Strategy***
- *Guidebook for a Local Sustainable Sanitation Promotion Program*
- *Guidebook for Community-Led Total Sanitation*
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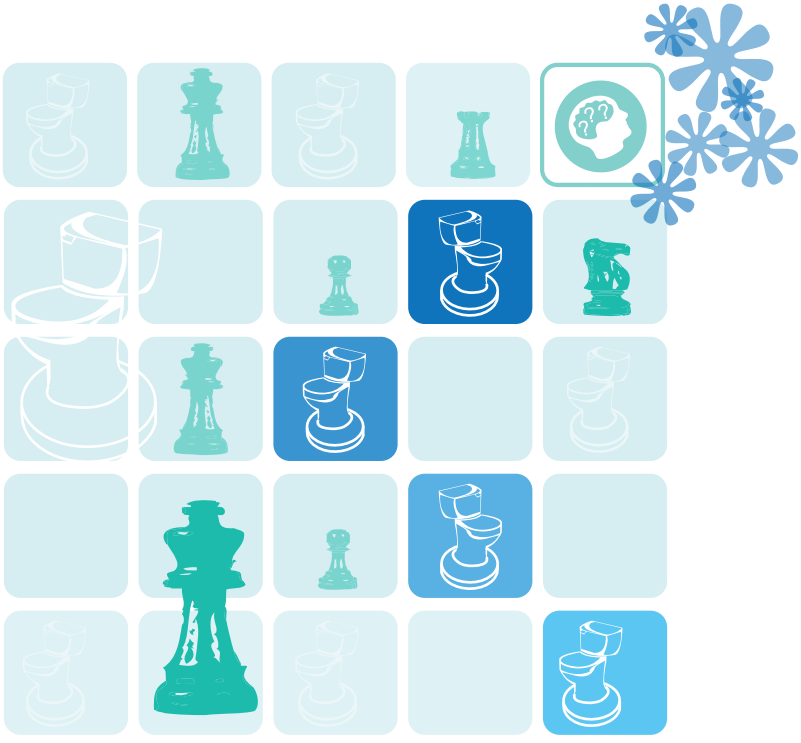

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FOREWORD

According to 2008 UN data, 2.6 billion people still do not have access to or have inadequate sanitation facilities.

Every 20 seconds, a child dies as a result of poor sanitation. That's 1.5 million preventable deaths each year.[2] In the Philippines, 23% of Filipinos or roughly 19 million still do not have access to sanitary toilets.

These realities necessitate tangible and concerted efforts that are owned by the people through the local government units (LGUs). The United Nations has already declared access to water and sanitation as a human right in its July 28, 2010 General Assembly. With the synergistic efforts of both the public and private sectors, the Philippines is also making significant gains in raising awareness and accelerating progress towards the Millennium Development Goal (MDG) on sanitation: to reduce by half the proportion of people without access to basic sanitation by 2015.

Through this Guidebook, we also emphasize that the National Government needs the support of its partners in order to achieve this goal. We need greater collaboration with our partners in the local government units. Likewise, we need to intensify our partnership with the private sector.

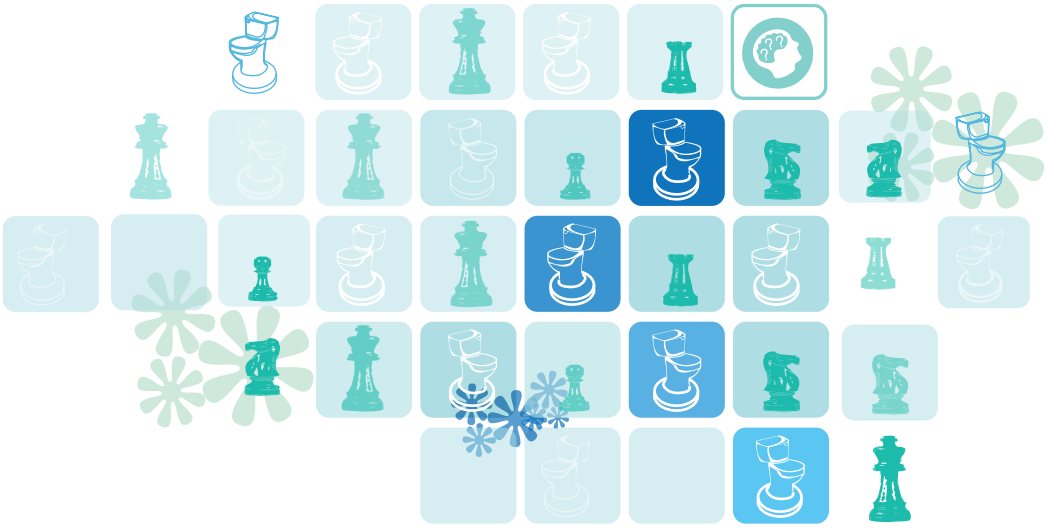
[2] *Homepage of the International Year of Sanitation (http://esa.un.org/iys/health.shtml)*

Attaining sustainable sanitation is a significant challenge. However, we believe that we have committed partners in the LGUs. Sustainable sanitation will happen because the LGUs are recognizing their roles and equipping themselves with the appropriate knowledge, tools, and skills.

This Guidebook is just one in a series of knowledge resource materials that we are developing towards one of our shared aspirations: ensuring health and wellness for all Filipinos through clean, safe, life-giving water and sanitation facilities. This specific Guidebook is essentially a guide for local sanitation planners in the formulation of the Local Sustainable Sanitation Strategy. It is formulated for LGUs to help them respond to the challenge of increasing access, especially of the poor, to sustainable sanitation. The 6-step process presented in this Guidebook is simple and can easily be followed and understood. The reader is guided through each step of the process with the use of symbols or icons. The data used in presenting the concept were obtained from the results of the planning workshops conducted in the six SuSEA pilot LGUs. The plan is likewise anchored on the vision and development goals of the National Sustainable Sanitation Plan (NSSP). It follows, too, that the short-term, medium-term, and long-term targets are based on those identified in the NSSP. This Guidebook is for the LGUs and the Filipino people. Use it well and then share it with other LGUs who may also find it useful in their pursuit of sustainable sanitation.

ENRIQUE T. ONA, MD, FPCS, FACS
Secretary of Health

ACRONYMS AND ABBREVIATIONS



AGE	Acute Gastroenteritis
AOP	Annual Operation Plan
BHW	Barangay Health Worker
CDP	Comprehensive Development Plan
CENRO	City Environment and Natural Resources Officer
CHO	City Health Office/r
CIPH	City Investment Plan for Health
CLGOO	City Local Government Operations Officer
CLTS	Community-Led Total Sanitation
CPDO	City Planning and Development Office/r
CSO	Civil Society Organization
DENR	Department of Environment and Natural Resources
DepEd	Department of Education
DOH	Department of Health
EO	Executive Order
FGD	Focus Group Discussion
GSSP	Guiuan Sustainable Sanitation Planning
IPs	Indigenous Peoples
KII	Key informant interview
LCE	Local Chief Executive
LDWQMC	Local Drinking Water Quality Management Committee
LGU	Local Government Unit
LSSPP	Local Sustainable Sanitation Promotion Program
LSSP	Local Sustainable Sanitation Plan
LSSS	Local Sustainable Sanitation Strategy

TABLE OF CONTENTS

viii Foreword

xi Acronyms & Abbreviations

xiii The SuSEA Program

1 About This Guidebook

3 STEP 1 Organize the Local Sustainable Strategy Team and Conduct a Consultative Dialogue

Objectives 3
Output 4
Description of the Process 4

6 STEP 2 Craft the Vision and Mission for Local Sustainable Sanitation

Objective 6
Output 7
Description of the Process 7

Identifying sanitation issues and concerns (strategic issues) 7
Vision Setting 7

Mission Setting 11
Evaluating the Mission Statement 13

14 STEP 3 Identify Goals and Objectives

Objectives 14
Output 14
Description of the Process 14

17 STEP 4 Formulate Strategies and Map-out activities

Objectives 17
Output 17
Description of the Process 17

26 STEP 5 Integrate Sanitation Information into the components of the LSSP

Objectives 26
Output 26
Description of the Process 26

36 STEP 6 Endorse the LSSP

Objectives 36
Output 36
Description of the Process 36

Annexes

37 Annex A: Sample Executive Order Creating the LSSS Team

41 Annex B: Sample List of Sanitation Problems (Polomolok)

44 Annex C: Sample Problem Tree Analysis (Polomolok)

45 Annex D: Sample Objectives and Targets

46 Annex E: Implementation Strategies and Activities

49 Annex F: Sanitation Priority Questionnaire

50 Annex G: Sample Work and Financial Plan

52 Annex H: Estimated Cost of Preparing the LSSS

52 Annex I: Sample Project Progress Monitoring Template

53 Annex J: Sample Resolution Adopting the LSSP

57 Definition of Terms

ACRONYMS AND ABBREVIATIONS

MENRO	Municipal Environment and Natural Resources Officer
MHO	Municipal Health Office/r
MIPH	Municipal Investment Plan for Health
MLGOO	Municipal Local Government Operations Officer
MPDO	Municipal Planning and Development Office/r
MSWDO	Municipal Social Welfare Development Office
NGO	Non-Government Organization
NSSMP	National Sewerage and Septage Management Program
ODF	Open Defecation Free
PD	Presidential Decree
PENRO	Provincial Environment and Natural Resources Officer
PHO	Provincial Health Office/r
PIO	Public Information Office
PIPH	Provincial Investment Plan for Health
PLGOO	Provincial Local Government Operations Officer
PO	People's Organization
PPDO	Provincial Planning and Development Office/r
PSWDO	Provincial Social Welfare Development Office
RHU	Rural Health Unit
SB	Sanggunian Bayan
SIDA	Swedish International Development Agency
SMPs	Septage Management Plans
SP	Sanggunian Panlala wigan
STF	Septage Treatment Facility
STH	Soil Transmitted Helminthiasis
SWM	Solid waste management
SuSEA-TAMS	Sustainable Sanitation in East Asia-Technical Assistance Management Services
TWG	Technical Working Group
WQMA	Water Quality Management Area
WSP-WB	Water and Sanitation Program-World Bank
UDDT	Urine Diverting Dry Toilet
VIP	Ventilated Improve Pit
DEWATS	Decentralized Waste water Treatment Systems

The SuSEA Program

The Sustainable Sanitation in East Asia Program-Philippine Component (SuSEA) supported by the Water and Sanitation Program (WSP) of the World Bank and the Swedish International Development Cooperation Agency (SIDA), and implemented through the leadership of the Departments of Health (DOH) and Environment and Natural Resources (DENR), is geared towards increasing access by poor Filipinos, primarily low-income households, to sustainable sanitation services by addressing key demand and supply constraints. Aside from this, the program hopes to learn from local implementation of sanitation programs as basis for national policy and operational guidance.

SuSEA Philippines commenced in July 23, 2007 as a learning program to support the Government of the Philippines (GoP) update its approaches and interventions in sanitation and needs that were not present or not addressed in traditional sanitation programs that focused on two extremes: 1) toilet-bowl distribution and hygiene education and 2) centralized sewerage systems. The most important of these emerging needs are:

- Complementing interventions related to the reduction of risks of sanitation- and poverty-related diseases such as soil transmitted helminthiasis and acute gastroenteritis
- Linking sanitation interventions with environmental objectives, such as the improvement of water quality and water resources
- Sanitation in rapidly urbanizing towns and cities, including the occurrence of disease episodes that aggravate impacts of poor sanitation (such as flooding) on the economy and quality of life of city populations
- Reaching pockets of communities that comprise the remaining 20% of those without access to basic sanitation, particularly in the rural areas (among whom include indigenous peoples/ cultural minorities) and urban slum communities.

SuSEA-Philippines was designed using four different models as the platform for developing specific interventions (according to themes below). The learning gained and the tools developed from these models served to assist other local governments units (LGUs), as well as informing national sanitation policy and programs for GoP-led expansion and scaling up. The four models are:

Model 1 Disease Prevention and Control – Sanitation interventions for the eradication/ reduction of disease

Model 2 Water Quality Management – Sanitation interventions for the improvement of water quality within a water quality management area

Model 3 Liveable Cities - Sanitation interventions for the improvement of quality of life in cities and low-income urban poor communities

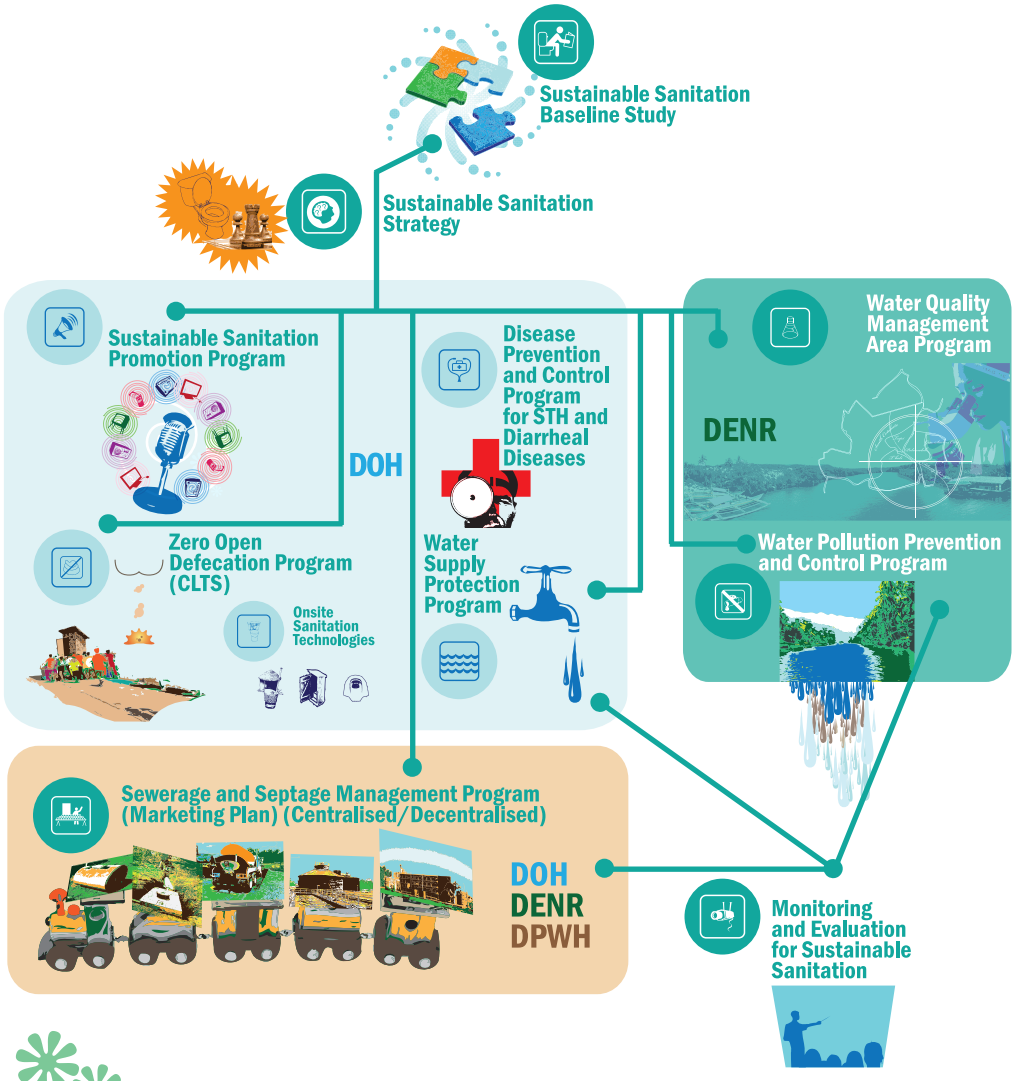
Model 4 Sustainable Rural Livelihoods - Sanitation interventions to support sustained livelihoods in rural areas

Six sites participated in the main program sub-component of SuSEA. These are: Bauko Municipality in the Mt. Province, Dagupan City in Pangasinan Province, Guiuan Municipality in Eastern Samar Province, General Santos City and Polomolok Municipality in South Cotabato, and Alabel Municipality in Sarangani. The desired outcome in each of the project sites varied according to the model and agreements by the Program Steering Committee and the local government. While outcomes varied per site, each of the projects were additionally intended to provide the LGUs with a fount of information on developing and running their own sanitation programs based on the on-field experiences of the SuSEA team and their partners. This information has been packaged for your use in a Sustainable Sanitation Knowledge Series, to which this guidebook/report belongs.

The reader is encouraged to familiarize himself/herself with all the guidebooks/reports in this series beginning with the Guidebook for Conducting a Baseline Study and followed by the Guidebook for Developing a Local Sustainable Sanitation Strategy. What guidebooks/reports you choose to utilize next will be determined by your community's particular needs and your LGU's proposed sanitation programs.

On the succeeding page, you will find an illustration of the various sustain able sanitation programs under the National Sustainable Sanitation Plan (NSSP). For each of these (SSPs), SuSEA has also developed materials under the Philippine Sustainable Sanitation Knowledge Series, intended to guide local government units in implementing the various sanitation programs and initiatives in their own area. The information gathered in the Knowledge Series is, in turn, based on specific SuSEA projects and activities in each of the six project sites.

Sustainable Sanitation Programs



About this Guidebook

This planning guide is a first step towards formulating an operational Local Sustainable Sanitation Strategy (LSSS) that would serve as a guide in achieving the sanitation vision and mission of the LGU and the goals of the health and sanitation sector. Intended users of this guidebook are primarily the LGUs. It is essentially a quick reference guide for the heath and sanitation practitioners in the LGU as it presents a step-by-step process in the formulation of the LSSS.

This guidebook is anchored on the vision, mission and development goals of the Department of Health's National Sustainable Sanitation Plan (NSSP 2010-2016). It includes some experiences of the SuSEA partner LGUs as they journey in the formulation of their respective LSSS.

This guidebook works with the following planning parameters:

- A baseline study has been conducted to assess the socio-economic, health and sanitation situation of the LGU. The study ensures that sanitation issues and concerns will eventually be addressed by the projects identified during the planning session. The baseline

is the take-off point for the planning process.

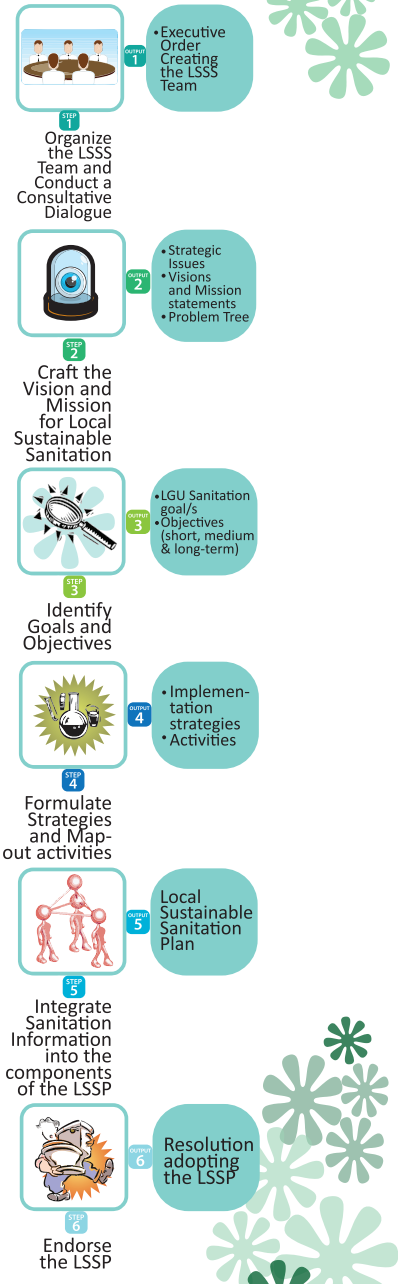
- The LSSS team will agree during the consultative dialogue or succeeding meetings as to the components of their respective LSSS given the SuSEA model.

- The Polomolok team's outputs were used as examples to apply the concepts since it covered the process from vision/ mission setting to strategy formulation.

- The write-up of the LSSP which is the output of LSSS together with the outputs of the planning workshops are integrated in Step 6 of the guidebook.

The steps and tools provided in this guidebook are discussed using examples culled from the experience of the six partner LGUs during their series of planning workshops and consultations. Particular examples from the Polomolok set of outputs were used to illustrate the use of the tools. You will be navigated through the steps by the different icons and symbols that represent the following:

Developing a Local Sustainable Sanitation Strategy: An Overview



STEP 1 Organize the Local Sustainable Strategy Team and Conduct a Consultative Dialogue

The development of the LSSS will require the major stakeholders to engage in sanitation planning as defined in the National Sewerage and Septage Management Program (NSSMP), sanitation planning is a participatory process that identifies and plans for the sustainable development and implementation of sanitation projects to achieve social, economic, health, and environmental objectives. It brings stakeholders together to determine how to meet their community's long-term needs for sanitation improvements through effective programs that combine infrastructure, promotions and supporting environments. Thus, it is important[2] to keep in mind that to achieve a meaningful planning process, all stakeholders must be involved at the onset and take ownership and accountability at every step to be able to address their health and sanitation needs.

The first step in the formulation of the local sustainable sanitation strategy (LSSS), is identifying the members of the LSSS team, those who will be tasked to draft the plan and eventually ensure its successful implementation.

Objectives

This step of the planning process allows you to:

1. Select and mobilize the members of the LSSS team;
2. Create a task force or technical working group through an Executive Order to lead in the drafting of the plan

[2] *NSSMP, Chapter 8, Section 8.1*

Output

The output of this step is an Executive Order (EO) signed by the local chief executive (LCE) indicating the names of the members of the LSSS team. After confirming the participation of the selected members of the group, an EO is circulated in the LGU to formally install the LSSS planning team. A sample EO for the LSSS team is shown in Annex A.

Description of the Process

The LCE takes the lead in short-listing the potential members of the LSSS team. The composition of the team include the following officers and personnel of the LGU:

1. Mayor (LCE)
2. Provincial/City/Municipal Health Officer (PHO/CHO/MHO)
3. Provincial/City/Municipal Planning and Development Coordinator (PPDC/CPDC/MPDC)
4. Association of Barangay Captains President
5. Sanggunian Bayan/Panlalawigan member on health
6. Provincial/Municipal/City Local Government Operations Officer (PLGOO/CLGOO/MLGOO)
7. Sanitary engineer and sanitary inspector
8. Rural Health Unit (RHU) representative
9. Municipal Agriculturist
10. Provincial/Municipal Social Welfare Development Officer (PSWDO/MSWDO)
11. Provincial/City/Municipal Environment and Natural Resources Officer (PENRO/CENRO/MENRO)
12. Engineering Office representative
13. Accounting Office representative
14. Zoning inspector
15. Barangay Health Worker (BHW)
16. Department of Health regional office representative
17. Nutrition office representative
18. Department of Education representative

19. Water district representative
20. Market administrator
21. Public Information Office (PIO) representative
22. Non-government organization, business/private sector, academe, people's organization, civil society representatives
23. Fisheries sector

The results of the baseline study will help the LGU identify the appropriate officials and representatives who should be members of the LSSS team. In the case of the six partner LGUs, each formed a task force to function as the oversight committee of the planning strategy formulation activity. In the case of Bauko, the LCE formed a technical working group (TWG) that was tasked to draft the LSSS. The other partner LGU formed the Guiuan Sustainable Sanitation Planning (GSSP) team was formed with three (3) working groups – the Sanitation Planning Group, the Sanitation Communication Planning Group, and the Sanitation Policy Group.

If there are Indigenous Peoples (IPs) in the area, the leaders may be encouraged to attend as was the case of Alabel wherein the municipal tribal chieftain was invited to the planning workshop. Once the groups are created, the shortlisted members are informed of their participation and an Executive Order is drawn out to formalize the team.

The LCE convenes the team for an initial meeting and to hold a consultative dialogue. The outline/framework of the plan is discussed and a consensus is done to agree on the components. Moreover, the baseline results/findings can be presented during the consultative dialogue for validation and concurrence prior to the workshop on crafting the vision and mission.

STEP 2

STEP 2 Craft the Vision and Mission for Local Sustainable Sanitation

Having organized the local sanitation strategy team, the group is now ready to articulate the vision and mission of the LGU for local sanitation. It is important to note that the local sanitation vision and mission are anchored on the NSSP vision – "A clean and healthy Philippines: Safe and adequate sustainable sanitation for all", and mission – "To create an enabling environment for all LGUs to initiate sustainable sanitation actions and programs especially in marginalized communities".

To better situate the LSSS team, the results and findings of the base line study are presented. This will help the group visualize the extent of issues and problems of health and sanitation in the community and for the team to initially think of ways to improve or uplift the sector's situation in the LGU. It is likewise appropriate to surface and gather the various sanitation problems and concerns prior to crafting the vision and mission. The outputs of Step 2 will be used as the bases for setting goals and objectives.

Objectives

This step allows the LSSS team to:

1. Articulate the vision of the LGU for its sanitation program;
2. Craft the mission of the LGU for local sustainable sanitation;
3. Illustrate creatively the issues and the improved conditions through a situational analysis tool like the Problem Tree also known as the cause-effect diagram, which the Polomolok LSSS planning team used. The team, however, may use other situational analysis tools such as the fishbone diagram, mind mapping, or the affinity diagram.

Outputs

- Strategic issues
- LGU Vision and Mission for Local Sustainable Sanitation
- Problem Tree

Description of the Process

Identifying sanitation issues and concerns (strategic issues)

By way of leveling off, the LSSS team identifies or comes up with a listing of the various health and sanitation issues and concerns plaguing the community. The list will constitute the strategic areas to focus on. The activity will further validate and reinforce the findings of the baseline survey as it defines specific problem areas and pinpoints the sources. As the team enumerates the strategic issues, they are clustered according to areas of concern or sources of the problem. The team can further expand the table of strategic issues (see Annex B) and add a third column for 'actions needed to respond to the problems'. Given the whole range of strategic issues, the team needs to agree on the priorities to focus on based on the development goals and objectives of the NSSP.

Vision Setting

The facilitator assigned to conduct the session situates the LSSS team by sharing the meaning of vision: 'it is a vivid picture of an attractive, ambitious, and achievable future. It represents what we consider the vision for sustainable sanitation should consider the impact on the broader objectives of the LGU in terms of economic growth, tourism, and health to be a more successful state of sanitation in the LGU than the present'. Given that the team at this stage in the process is already familiar with the state of sanitation in the area through the results of the baseline study, the facilitator leads the group into the visioning activity. To start off, the following triggers lifted from the visioning workshop of Polomolok are provided for the group to respond to:

1. What are the ultimate indicators for your sanitation program in Polomolok?
2. What are the key words or descriptors you have written in #1?
3. How do you describe the scenario when your Municipality has reached its ultimate success?

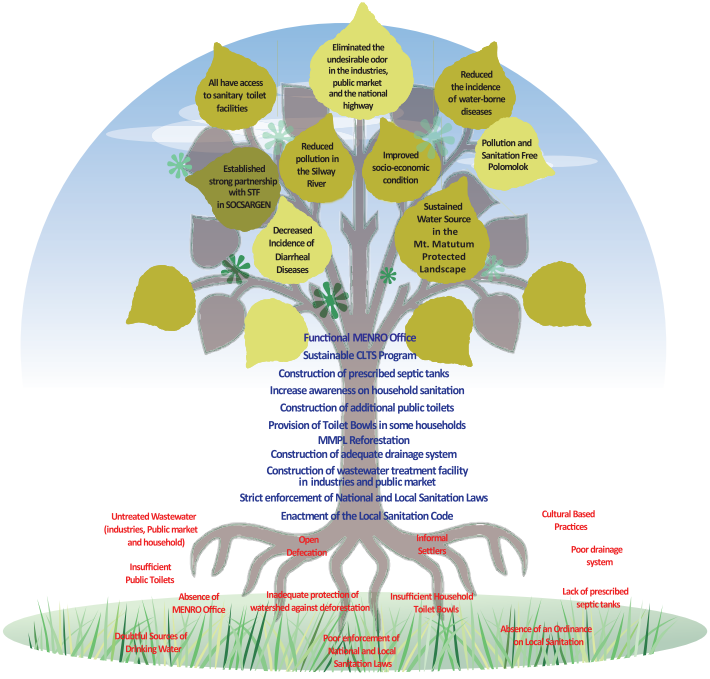
STEP 2

4. You may want to draw the scenario or picture in #3.
5. Using the key words and pictures you have written or drawn, try to breathe the spirit in these words or pictures, and with feelings write the ultimate dream destination or success for our Municipal Sanitation Program.

In responding to the questions, the team looks back at the current state of sanitation. The members come to a consensus on the improved conditions that should be in place in the LGU in the event that all relevant sanitation problems have been solved.

Doing a problem tree analysis will help the team visualize the stages of moving towards an improved future scenario. In completing the problem tree, the problems or negative conditions are placed at the bottom portion of the tree (roots, in red fonts), which are culled from the baseline study and the strategic issues/problems earlier identified.

The trunk (middle portion) represents the ultimate success indica tors (blue fonts) of the sanitation program in the LGU (responses to Question #1). The leaves (upper portion, in green fonts) depict the scenario when the LGU has achieved ultimate success in its sanitation programs (responses to Question #3). The sample problem tree analysis is shown in Annex C.



The table below illustrates the process of coming up with the vision elements, which were lifted from the output of the Polomolok Planning Team:

VISION TRIGGERS	RESPONSES
1. Ultimate success indicators for the sanitation program	• Enactment of Municipal ordinance supporting the implementation of the sanitation code • Construction of a wastewater treatment facility in the public market • Construction/establishment of Municipal sewerage treatment facility • All households have access to sanitary toilet facilities, as prescribed by the sanitation code • Establishment/renovation of community-managed toilet facilities for the informal sector and for public use • Clean communities and healthy constituents of Polomolok
2. Words or descriptors written in #1	• Functional Municipal sanitation program anchored by the MENRO • Increased awareness and practical skills on sanitation in the household level • Improved the community's economic condition through environment-friendly livelihood programs
3. The scenario of a succesful Municipality	• Eliminated the undesirable odor of which Polomolok is known • Reduced the incidence of water-borne diseases (diarrhea, skin diseases, etc.) • All have access to sanitary toilet facilities • Improved socio-economic condition • Pollution-free Polomolok

Integrating the elements, the resulting vision statement reads: The program envisions "A pollution-free Polomolok where healthy and empowered communities are actively participating in sustaining a clean and environment-friendly municipality".

Below are some examples of the vision statements of the other partner LGUs:

Bauko: Good health for all people in Bauko living in a clean environment with full access to safe water and sanitation facilities.

Dagupan City: To establish a chartered city having sound and sustainable sanitation practices with its leaders and people, leading and living sanita tion as a way of life by 2010 and beyond in order to sustain developmental and economic gains in harmony with environmental and ecological balance towards a healthy, orderly and livable city for our children.

General Santos City: By 2015, General Santos City, the Tuna Capital of the Philippines and the wellspring of winners, will be a globally competitive and livable City whose healthy, friendly, well-educated, and responsible citizens actively participate in effective governance.

Guiuan: Healthy, empowered and productive people of Guiuan, equally living in a sustainably clean environment, with access to total sanitation and enjoying quality of life by 2018.

Alabel: Healthy living in a clean environment, cleanliness, orderliness, safe potable water, properly designed septic tanks, proper sanitation and hygiene practices, measures to prevent illnesses, particularly those water-borne and cost-effective interventions.

Mission Setting

The facilitator guides the LSSS team into crafting the mission state ment by sharing its definition: 'the mission refers to the present, and it states the direction that the LGU should take to achieve its vision'. As with the vision, mission triggers are likewise posted to the team to surface the elements or key words. The following triggers and the appropriate responses serve as the guide in coming up with the mission statement as culled from the Polomolok planning workshop:

MISSION TRIGGERS	RESPONSES
1. Clientele: Who are you serving?	• Upland communities (Lumads, Muslims) • Riverbank communities • Households and subdivisions • Informal settlers (i.e. urban squatters) • Academe, civil society organizations (CSOs), municipal and barangay LGUs • Business industries (livestock, poultry, processing plants, slaughterhouses, etc.) • Utilities (refreshments, market stalls, toilets, hospitals, funeral parlors, cemeteries, etc.)
2. Products or services: What are the programs products or services?	• Infrastructure/sanitation facilities • Technology and systems • Policy support • Capability building • Advocacy and information, education, and communication campaigns (IEC) • Partnership building • Environmental conservation • Livelihood support
3. Markets: Where does the program serve geographically?	• All barangays of Polomolok • Advocacy and IEC activities would include boundary barangays of adjacent municipalities especially along the Silway River system

STEP 2

MISSION TRIGGERS	RESPONSES
4. Technology: What is the program's basic technology?	• Health and sanitation • Wastewater treatment facility • Community empowerment through Community-Led Total Sanitation (CLTS) • Ferro-cement technology in the upland communities • Introduction of appropriate sanitation technology (prescribed septic tank designs, etc.)
5. Concerns for growth, profitability, sustainability, and viability	• Community-managed social enterprises • Users' fees • Legislative enactment through municipal and barangay ordinances
6. Philosophy: What are the fundamental beliefs, values, aspirations, and philosophical priorities of the program?	• Sarili muna bago and bayan (in sanita tion) rather than Bayan muna bago ang sarili (in public service) • Sanitation is also prevention' • Community empowerment
7. Self-concept: What are the program's major strengths and competitive advantages?	• A 1st class Municipality • Presence of multi-stakeholders with community development programs • Committed LGUs
8. Concern for public image: What is the program's desired public image?	• Facilitate the creation of a positive change in the community's sanitation practices • LGU's strong political will in program implementation and sustainability • A Municipality that 'smells like forest after the rain'

Considering all relevant elements to illustrate how the LGU will work towards ensuring sustainable sanitation for the community, the resulting mission statement reads: *The community of Polomolok, together with its stakeholders, is committed to pursuing positive change in the Municipality's sanitation program by implementing capability-building, infrastructure, advocacy and policy support programs while addressing the need for socio-economic advancement and environmental conservation through empowerment and effective teamwork.*

Evaluating the Mission Statement

The mission statement is then checked with the following evaluation questions:

- *Reconciliatory effectiveness*: Does the mission statement effectively address the desire of key stakeholders?
- *Inspiring quality*: Does the mission statement motivate and stimulate its reader to action?

The team should make sure that both questions result in affirmative answers. Otherwise, the mission statement stands revision until both evaluation questions are positively answered.

Below are other examples of mission statements of the other partner LGUs assisted by SuSEA-TAMS:

General Santos City:
To provide opportunities for all sectors of society to be productive and responsible stakeholders, through execution of sound and beneficial programs, projects, and initiatives anchored on the principles of justice and equity.

Bauko:
The LGU commits itself to foster strong cooperation among its people, build a strong linkage among them, work hard to improve and sustain the water and sanitation conditions in the locality by 2018.

Alabel*:*
To promote the health, safety, and welfare of its constituents and to protect the environment particularly its waters and the Sarangani Bay Protected Seascape through the passage of laws that regulate pretreatment, collection and final treatment and disposal of domestic septage.

Dagupan City
Dagupan City is committed to improve environmental health and quality of life particularly benefiting low income families and at the sametime protecting our water resources and aquaculture industry. In carrying out this mission, Dagupan City will promote and sustain efforts to achieve zero open defecation in all 31 barangays, institutionalize sustainable health and sanitation policies, forge multi-sectoral and inter- local government partnership for safe water supply provision, effective water supply management and water quality monitoring and promote positive sanitation behavior and practices.

STEP 3 Identify goals and objectives

Guided by the vision and development goals of the NSSP, armed with an understanding of the current situation, and coupled with a vivid picture of the improved future conditions, the LSSS team is now ready to formulate the program goals for local sanitation. The LGU sanitation goals should be anchored on the NSSP development objectives and cut across the strategic issues/sanitation problems earlier identified. Similarly, the objectives should contribute to the annual targets set in the NSSP.

Objectives

This step allows the planning team to:

1. Formulate goals; and
2. State specific objectives for the short-term (1-2 years), medium-term (3-5 years), and long-term (more than 5 years).

Outputs

- LGU sanitation goals
- Short, medium, and long-term objectives

Description of the Process

Setting the Goal

1. The facilitator provides a brief definition of the goal to make certain everyone has the same understanding of the concept: Goals are the 'what'. These are the long-term results that the LGU wants to achieve in the area of sanitation that will move it closer to its vision and mission.

2. Referring to the vision, mission, the list of sanitation issues and problems, and the problem tree analysis, the team formulates the goal or goals for sanitation in the LGU.

Taking off from the examples provided in Step 2, the program goal for sanitation of Polomolok reads: To improve the health condition and general well-being of all constituents through adoption of proper sanitation practices, effective and efficient management of environment-friendly programs and sustainable socio-economic interventions.

Setting Objectives

Objectives are the immediate actions that are perceived as vital responses to the sanitation problems of the LGU. They must be specific (**S**), measurable (**M**), attainable (**A**), realistic (**R**), and time-bound (**T**).[3]

In setting the objectives for the LGU's sanitation program for the short-term (1-2 years), medium-term (3-5 years), and long-term (> 5 years), the LSSS team needs to anchor these along those of the NSSP. The NSSP has the following objectives, with the corresponding annual targets:

Table 1: NSSP Objectives and Annual Targets

NSSP Objectives	%LGUs					
	2011	2012	2013	2014	2015	2016
1. All LGUs have declared sustainable sanitation as a policy	10%	25%	45%	70%	90%	100%
2. 50% of all LGUs have LSSSs including Local Sustainable Sanitation Promotion Programs (LSSPPs)	5%	10%	15%	25%	40%	50%
3. 60% of all barangays will be declared Open Defecation Free (ODF)	5%	10%	20%	35%	55%	60%
4. 50% of all cities will have Septage Management Plans (SMPs)	5%	10%	20%	35%	45%	50%
5. All LGUs will have their own Local Drinking Water Quality Management Committee (LDWQMC)	10%	25%	45%	70%	90%	100%
6. One major river system per region is designated as a Water Quality Management Area (WQMA); and	No. of Regions					
	2	4	7	11	14	17
7. 60% reduction in the incidence of acute gastroenteritis (AGE) and soil transmitted helminthiasis (STH)	% Reduction from baseline prevalence rate in 2009					
	-10%	-20%	-30%	-40%	-50%	-60%

[3] Definition of Dagupan City participants during the 2nd Planning Workshop on the drafting of the City's LSSS, June 17, 2008

It follows, therefore, that the LGUs should identify and prioritize sanitation interventions in their respective LSSSs within these parameters defined by the NSSP and its key program. Moreover, the targets to be set should likewise be within the targets prescribed in the NSSP as earlier mentioned.

Steps in setting objectives

1. Refer to the problem tree and list of strategic issues and actions needed.
2. Cluster the problems/strategic issues, and ultimate success indicators according to themes (also labeled as 'major components' by the Polomolok planning team). These elements are found along the roots (problems, in red fonts) and trunk (ultimate success indica tors, in blue fonts).
3. Themes referred to in this context may be compared to potential or alternative projects that the LGU may consider to implement such as the following:
   - Disease prevention and control for soil-transmitted heminth infections and diarrheal diseases
   - Water supply protection
   - Projects that will contribute to establishing a zero open defacation (ZOD) LGU
   - Water quality management area
   - Sewerage and septage management
4. Formulate objectives for the above-mentioned themes or major components. For each level of objective corresponding indicators are defined in the short-term, medium-term and long-term timeframe. The LSSS team may add success indicators as needed as long as the targets are within those prescribed in the NSSP. The team should arrive at a consensus as to the indicators/targets.
5. Arrange the data according to the table shown in Annex D. The Polomolok planning workshop outputs were used to illustrate the process of formulating objectives and identifying targets

After mapping-out the indicators over the short, medium, and long-term, the LSSS team should check them against the annual targets prescribed in the NSSP (Table 1). It should make sure that the indicators fall within the estimates provided. For purposes of applying and understanding the concept, it should be noted that the example presents only a cross-section of the Polomolok planning team outputs.

STEP 4 Formulate strategies and map-out activities

Strategies are the 'how', the means of producing the goals or objectives. They are general approaches or major courses of action that are carried out by implementers to reach the desired goal. Activities are the tasks to be performed to carry out the strategies and produce the expected outputs.

The LSSS team's next step is to formulate relevant strategies given the objectives identified in Step 3.

Objectives

This step allows the planning team to:

1. Identify appropriate strategies and interventions for the different objectives; and
2. Map-out specific activities.

Outputs

- Implementation strategies and intervention
- Relevant activities and interventions

Description of the Process

1. Refer to the problem tree analysis and strategic issues.
2. Refer also to the sample objectives in Step 3.
3. Expand the table and add two more columns to the right.
4. Identify strategies for each objective identified in Step
5. For each strategy indicate the relevant activity/activities.

The sample implementation strategies and activities are shown in Annex E. As a reminder, the examples used present only a cross-section of the actual outputs. In the actual formulation of the LSSS, strategies are formulated for all the sanitation concerns surfaced in order to provide sustainable sanitation solutions to priority areas of concern.

Identifying priority sanitation intervention areas

To arrive at an informed decision on strategies to pursue, the planning team may opt to subject the various strategies to an alternatives analysis, which is a systematic way of searching for and deciding on problem solutions. Furthermore, it is an approach to:

- Assess the potential of different project strategies; and
- Help decide upon one or a combination of strategies to be adopted by the project

Alternatives analysis is important to aid planners in defining the best approach towards attaining the desired objective considering both constraints in time and resources. The following steps describe the approach:

1. Referring to the themes earlier identified, identify possible project ideas, approaches or strategies. Some examples of project alternatives are the following:
    a) Alternative 1: Zero Open Defecation Project
    b) Alternative 2: Disease Prevention and Control Project (for STH and diarrheal diseases)
    c) Alternative 3: Sewerage and Septage Management Project
    d) Alternative 4: Water Supply Protection Project
    e) Alternative 5: Water Quality Management Area Project

The preceding project ideas form part of the NSSP program packages and the NSSMP. The LSSS team should align with the objectives and targets defined in both programs. For sewerage and septage management projects, the LGUs should refer to the NSSMP Toolkit in proceeding with the technical and financial project development steps (The NSSMP Toolkit will be made available at the NSSMP Office of the Department of Public Works and Highway).

2. Determine the criteria to assess these alternatives. Criteria are defined as standards or principles by which something is ascertained. The criteria may be culled from the values of the community and from the thrusts or development plans of the LGU. Each criterion must be applicable to all

alternatives. Some examples of the criteria that could be applied are the following:

- Resources required: This refers to the LGU's ability to mobilize funds or allocate resources for capital investment and ability to forge potential partnerships with water and sanitation service providers (i.e., water districts, waterworks associations, small water utilities, NGOs and other socio-civic organizations). Prospective links to medium to large-scale investment projects may complement on-going or realist planned future infrastructure investment.
- Social impact: The greater the number of people benefited by the project, the better. Programs or projects should potentially benefit poor households or villages with strong likelihood to elicit local participation and commitment.
- Time horizon: Pertains to the responsiveness of the project to the short-, medium-, and long-term goals.
- Sustainability: Means the higher the probability that the beneficiaries will continue the project after completion, the better. Intervention should progressively increase access to improved water and sanitation services by the poor.
- Impact on public health and environment: Prospect of addressing a key development objective in health and environment or mitigating the most severe effects of lack of sanitation to human or natural resources. If addressed, the problem set that is identified directly links sanitation to improved health, environment or poverty alleviation outcomes

3. Describe each criterion and Assign weights. The LSSS team should have a consensus as to the weights to be assigned to each criterion depending on the importance or priority. Weights assigned may be as follows:

It should be noted that the analysis of alternatives does not guarantee reaching a very objective or optimal decision but it only tries to illustrate a more transparent decision and participatory process. To further validate the appropriateness of the project alternatives, the LGU can subject them further to ranking using the Sanitation Priority Questionnaire for Local Implementers (Annex F). Using the baseline data, the LGU makes an assessment to determine 1st, 2nd, and 3rd sanitation priority projects or programs.

CRITERIA	WEIGHT (%)
1. Resources required	20
2. Social impact	20
3. Time horizon	15
4. Sustainability	20
5. Impact on public health and environment	20
6. Other criteria	5
Total	100

The Settlement Approach in Identifying Appropriate Sanitation Technologies

The LSSS team now has an idea of the sanitation alternatives it seeks to pursue after subjecting the initial list of interventions to an alternatives analysis. One important aspect to consider in deciding the appropriate sanitation technology is based on the settlements approach. It takes into account the socio-cultural aspect and prescribes the type of sanitation technology based on the physical attributes of the LGU, whether it is characterized as upland, coastal or riverine. People in many locations in the Philippines experience difficulties in building sanitation facilities due to collapsible sandy soils, high water tables, regular flooding, or unusual housing (stilted houses above water bodies).[4] Thus, the physical attributes of the LGU have a profound effect on the success of the sanitation technologies to be adopted by the communities. Cost-effectiveness is likewise a factor that the LGU should consider in the process. While availability of resources is important, the willingness to pay for sanitation is often constrained by limited awareness of the costs of inadequate sanitation, and by limited knowledge of the cost of viable facilities in the LGU. Additionally, it is important to look at the socio-economic distinction of communities. For example, those with urban cores are usually densely populated poor informal settlements while small towns are characterized by middle class income families that are relatively less densely situated. Depending on the socio-cultural settlement and regardless of the technology, the communities will have to conform to the sanitation technologies identified during the planning process.

[4] *SuSEA Medium-Term Report, Page 42, Paragraph 7*

In identifying the appropriate sanitation technology, the six pilot sites mapped out the sanitation issues and problems and corresponding actions to be taken using the baseline data gathered. The following section presents a comparison of alternative sanitation technologies identified by each of the six pilot sites:

1) Bauko, in Mountain Province is a 4th Class Municipality, with 22 barangays and is the smallest and most rural of the six pilot sites, with an elevation ranging from 800 meters to 3,512 meters above sea level. Its topography is generally rolling with very rugged terrain, with slopes characterized as steep, sloping, rolling and undulating land. Its expected outcome as defined in the NSSP is 50% reduction in fecal contamination of water supplies in priority barangays. Water contamination is caused by improper waste disposal, burying of the dead in the backyard, and pigpens. Proximity of water sources to vegetable farms compounds the problem. Tribal leaders react negatively as regards the introduction of sanitary toilet construction thus, open defecation is widely practiced. After detailed examination of the geographic and population density conditions of the LGU and in consultation with local government officials, the Bauko planning team proposed the following water and sanitation projects for the next 10 years:

- Septage Treatment Facility
- Communal Septic Tanks/Public Toilet
  a. SuSEA PT7 Model 1 (2 units)
  b. SuSEA PT4 Model 1 (2 units)
  c. SuSEA CST5 Model (10 units)
  d. SuSEA CST10 Model (5 units)
- Water Safety Infrastructures
  a. Perimeter fencing of water sources
  b. Diversion ditch/canal
  c. Spring box construction/rehabilitation

Given Bauko's topography, rugged terrain, with areas characterized by remote and scattered rural settlements, many of which are inaccessible by road, with respondents willing to spend only US$10 on standard individual toilet models costing more than US$3,000 per household, mechanical desludging of septic tanks is unlikely to be viable. This means that septage

treatment facilities are unlikely to be viable. The promotion of septic tanks in this setting, given the obvious problems associated with desludging and safe disposal of septage, is highly questionable.[6]

2) Dagupan City is essentially a coastal area with tourism as one of its industries. It has a mix of highly urbanized communities and informal settlers surrounded by aquaculture and agricultural areas. The city is a low-lying area traversed by seven river systems making it flood-prone. Its geographical location makes it a catch basin of upstream drainage systems, thus water-related diseases are prevalent such as acute gastroenteritis (AGE) and soil-transmitted helmenthiasis (STH/parasitism). For purposes of identifying alternative sanitation technologies to reduce the incidence of AGE and STH, the city was divided into four zones with appropriate recommended sanitation technology: 1) sewerage system for the central business district (CBD); 2) decentralized wastewater treatment systems (DEWATS) for island barangays; 3) DEWATS or INCA modular wastewater treatment for river barangays; and 4) communal septic tanks and public toilet facilities for coastal and inland barangays. A quick response to the high incidence of AGE and STH was the completion of four 'instant' community toilets in priority barangays using a rapid, low-cost local design. This small-scale intervention suggests that the expected outcome of 50% reduction in AGE and STH may not be easily achieved over the long term.

3) General Santos City is a highly urbanized and industrializing city, and is characterized by rapid population growth and congested settlements caused mainly by in-migration. The Silway River, which drains into Sarangani Bay, has become the flowing receptacle of human and animal wastes as well as agricultural residue.[7] Thus the city hopes to achieve a 10% in BOD loading to Silway River over the long term. The city was divided into four zones by way of applying the settlements approach in terms of geographic and population density conditions to identify appropriate sanitation technologies in an effort to address sanitation problems. The four zones included: 1) urban inland barangays; 2) urban coastal barangays; 3) rural inland barangays; and 4) rural coastal barangays. Several sanitation technology options were explored but the institutionalization of the Water Quality Management Area (WQMA) for Silway River

[6] *SuSEA Medium-Term Report, Page 19*
[7] *Gen. Santos LSSP, September 2008, Introduction, Page 1*

Silway River was pushed given its expected outcome in the long term. The WQMA was the option selected since surface water quality remains a critical issue in the city.

4) A first class Municipality, Polomolok is a relatively rural LGU with the average sanitation coverage found amongst the highest of the six sites (88% have private household toilets). Despite this high average coverage, the LGU contains a high proportion of Muslim and tribal communities. The baseline study confirmed significantly lower sanitation coverage of 65% of Muslim households without toilet (with 40 households surveyed).[8] The wide range of topography from the gently undulating slopes of Mt. Matutum to the nearly level terrain in the central part of the municipality, coupled with communities dwelling along the riverbanks of Silway River, provide a wide range of sanitation technologies that can be adopted by the LGU of Polomolok.[9] The Municipality was divided into four zones to identify appropriate sanitation technologies: Zone 1 - commercial/business/ high-density residential barangays; Zone 2 - river barangays; Zone 3 - inland barangays; and Zone 4 - upland barangays.Sanitation technologies recommended are the following:

- Communal septic tanks for Zone 1
- Combination of individual toilet and communal septic tanks for Zone 2
- Individual toilet and construction/improvement of septic tanks
- Individual toilet using UDDT (urine-diversion dehydrating) or VIP (ventilated improved pit) latrine for Zone 4

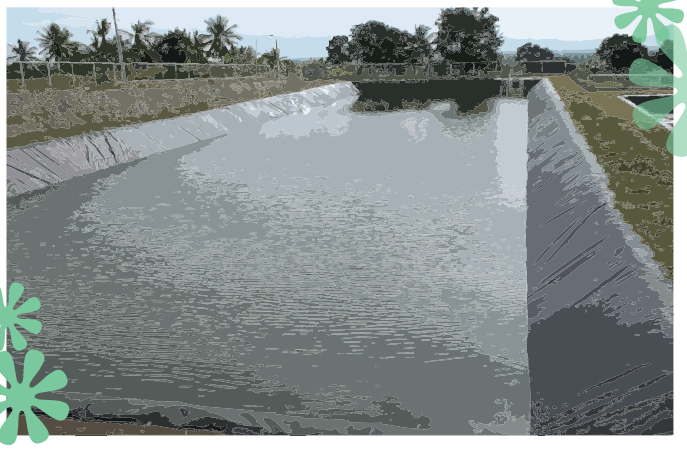
The SuSEA independent study on sanitation for indigenous communi ties confirmed the importance of low-cost, homemade non-flush facilities in low-income and marginalized communities. Together with General Santos City, Polomolok was chosen to institutionalize the WQMA, as a way of responding to reduce pollution of the Silway River.

[8] *SuSEA MTR Report, Page 15*
[9] *Polomolok, LSSP, September 2008, Page 23*

5) Guiuan in Eastern Samar is a third class rural Municipality consisting of several island communities engaged in fishing and agriculture. The Municipality is faced with the challenges of large numbers of stilted coastal dwellings and several densely populated informal settlements. Several hundred households live in stilted houses built on either side of the jetty, with few sanitation facilities and no safe disposal as most existing facilities are hanging latrines that discharge directly into the sea.[10] Decreasing the incidence of AGE is a desired outcome to deal with its growing tourism industry. For purposes of introducing appropriate sanitation technologies, the Municipality was clustered into four zones: Zone 1- densely populated inland/coastal barangays; Zone 2 - big island barangays; Zone 3 - small island barangays; and Zone 4 - low density inland/coastal barangays. The following sanitation technologies were considered for Guiuan:

- Communal septic tanks constructed in series on the sides of the jetty and DEWATS for Zone 1
- Individual toilet construction and improvement of septic tanks to meet standard design for Zones 2 and 3
- Individual toilet construction particularly ECOSAN (ecological sanitation) toilet facilities for Zone 4 suited for low density farming communities with limited access to water supply

[10] *SuSEA MTR Report, Page 19*



6) Alabel in Sarangani Province is located 10 km northeast of General Santos City. Its expected outcome is the viable operation of the highly underutilized septage treatment facility (STF) to serve the needs of General Santos City and neighboring municipalities and which is envisioned to protect the water quality of Sarangani Bay. While Alabel has a working STF, other sanitation technologies were proposed to increase the supply base of the STF and address sanitation problems in barangays that will not be covered by the facility: Zone 1 - commercial urban residential barangays; Zone 2 - coastal residential barangays; Zone 3 - upland agricultural barangays; and Zone 4 - rural residential agricultural barangays. The following sanitation technologies were considered for the different zones:

- Zone 1: Construction of individual toilet and improvement of septic tanks to meet the standard design. Communal septic tanks are recommended for areas under this zone.
- Zone 2: Construction of individual toilet and improvement of septic tanks to meet the standard design.
- Zones 3 and 4: Construction of individual toilet and improve ment of septic tanks to meet the standard design. Ecological sanitation toilet facilities suited for upland farming communities are recommended.

The preceding discussion dwelt on the importance of the settlement approach in determining the appropriate sanitation technology to be applied. It should be noted that similarly situated LGUs take careful consideration of the sanitation technologies proposed.

STEP 5 Integrate sanitationinformation into the components of the LSSP

The team is now ready to complete the LSSP, which is the main prod uct of the LSSS. This step presents the process by which the LSSP is completed by integrating the health and sanitation data and information gathered and the outputs produced during the series of planning workshops conducted. As stated in the first part of this guidebook, one of the assumptions pertains to the availability of a framework or outline to be followed in drafting the LSSP. Thus, the LSSS team will follow this framework in completing the LSSP.

Objectives

This step allows the LSSS team to:

- Organize and integrate the necessary data and information in the LSSP outline/framework;
- Prepare a write-up of the different components of the LSSP, the main product of the LSSP; and
- Complete the LSSS for approval and endorsement.

Output

The Local Sustainable Sanitation Plan is the output in this step, which is based on the LSSS.

Description of the process

1. The LSSS team members meet to review the outline/framework of the LSSP and agree on the components to be included in their plan.

2. The members agree on their specific assignments to write-up the components of the plan.
3. For each component of the LSSP, the members determine the source of data/information or where to obtain them for use in writing-up the plan.
4. A writeshop is held to fill-out the outline/framework. This will serve as the guide to the writers on how to go about writing the plan. The team elects an integrator who is tasked to consolidate the narrative of the component writers.
5. Regular meetings are held to fine tune the LSSP until it is finalized and ready for approval.

The following section discusses the means by which available data and information are integrated into the different components of the plan. The discussion follows the SuSEA outline/framework. The sub-components reflected in the table are the whole range of discussion points were gathered from the six partner LGUs' LSSPs. The LSSS team is not limited to this range of topics and may decide to adopt them or add topics depending on the data/information available. The team should make sure that the data and information are readily available and could be verified.

COMPONENTS OF THE LSSP	DESCRIPTION
Table of Contents	Indicates the pages of the topics
Abbreviations	List of Abbreviations and their meaning
I. Introduction	• Brief background of the LGU's experience in coming up with the LSSP, including the planning process or approach • Profile of the LGU • How the LGU gives importance to health and sanitation • A general perspective of the health and sanitation condition in the LGU
Core Principles Adopted in the Planning Process 1. Equitable solutions that expand coverage to as many residents as possible;	Only Bauko provided this section under the Introduction. The five principles enumerated, the Bauko team believes, will increase the likelihood of sustainability.

COMPONENTS OF THE LSSP	DESCRIPTION
2. Financially sustainable services with recurrent or maintenance cost paid by the community; 3. Sanitation services and technologies that are affordable and managed locally and accepted by the people; 4. Community consultation that ensure stakeholders' support to the plan; and 5. Health and environment concerns are addressed explicitly in order to maximize the benefits of the sanitation systems.	
II. *Brief Description of Water and Sanitation Status of the Community, to include* 1. Community profile 2. Access to sanitation facilities 3. Access to safe drinking water 4. Analysis of hygiene 5. Health situation 6. Ordinances 7. Solid waste managment (SWM) 8. Perceptions on sanitation 9. Access to water supply 10. Sanitation practices 11. Status of sanitation 12. Status of water supply 13. Sanitation, hygiene and water-borne diseases 14. Existing local sanitation technologies and services 15. Financing sanitation	• Definition of sanitation is stated • People's perception of sanitation as gathered from the focus group discussions (FGDs) and key information interviews (KIIs) • Data and information culled from the baseline survey are discussed under the sub-components • Other data/information could be obtained from the PHO/CHO/MHO including the PPDO/CPDO/MPDO

COMPONENTS OF THE LSSP	DESCRIPTION
16. Organization and management of sanitation services 17. Wastewater disposal 18. Sanitation programs and ordinances in place	
III. *Sanitation Problems and Issues, to include* 1. Water contamination 2. Open defecation 3. Unsanitary toilets/ improper design of septic tanks 4. Absence of septage treatment facility 5. Absence of sewage facility 6. Improper SWM 7. Lack of coordinate policy and program support for water and sanitation projects 8. Low priority given to sanitation across stakeholders 9. Inadequate wastewater treatment in public facilities 10. Poor disease control and prevention 11. Behavioral issues in hygiene 12. Low level of awareness on proper hygiene and sanitation and their importance 13. Inadequate water supply 14. General poor water quality 15. Untreated wastewater from the public market	• Data and information from the baseline survey are discussed including results of the FGD and KII • Problems identified in Step 2 could also be discussed. Also refer to the Problem Tree Analysis • Other data/information could be obtained from the PHO/CHO/MHO including the PPDO/CPDO/MPDO and discussed in this component

COMPONENTS OF THE LSSP	DESCRIPTION
16. Untreated effluent from agro-industries 17. Backyard burial 18. Gaps in policy implemen tation and service delivery 19. General poverty and lack of opportunities 20. Inadequate or poor access to safe water and occurrence of water-borne diseases 21. Other environmental sanitation problems	
IV. *Potential Impacts of Sanitation Problems* 1. Health impact 2. Socio-economic impact 3. Environmental impact and contamination of water sources 4. Impact on local develop-ment	• Data and information from the baseline survey are discussed including results of the FGD and KII • Problems identified in Step 2 could also be discussed. Also refer to the Problem Tree Analysis. • Other data/information could be obtained from the PHO/CHO/MHO including the PPDO/CPDO/MPDO and discussed in this component
V. *Current Programs and Actions Addressing Sanitation Problems* 1. Analysis of sanitation programs 2. Analysis of sanitation (IEC, hygiene promo tion, stakeholders) 3. Septage treatment facility 4. Organization and Management	• Data and information from the baseline survey are discussed including results of the FGD and KII • Problems identified in Step 2 could also be discussed. Also refer to the Problem Tree Analysis. • Other data/information could be obtained from the PHO/CHO/MHO including the PPDO/CPDO/MPDO and discussed in this component

COMPONENTS OF THE LSSP	DESCRIPTION
VI. Sustainable Sanitation Strategy of LGU (YYYY-YYYY) 1. Vision and Mission Statements 2. Statement of Goals and Objectives 3. Implementation Strategies and Actions 4. Targets and Activities (short, medium, long-term) 5. Hygiene Promotion 6. Disease Surveillance 7. Sanitation Technologies 8. Implementation Mechanism 9. Local Sustainable Sanitation Promotion Program 10. Financing the Plan/Investment Planning 11. Annual Implementation Review and Investment Planning 12. Organization and Management include the following: a. Mayor/Vice Mayor b. Barangay Captain c. Barangay TWG with the Council and Committee on Health and Sanitation d. Sanggunian Bayan (SB)/Sanggunian Panlalawigan (SP) Committee on Health and Environment e. Barangay Council/ BHWs f. Sanitary Inspector g. PHO, CHO, MHO h. PPDO, CPDO, MPDO i. Waste Management Division	• Vision and mission statements are taken from Step 2 • Goals and objectives are taken from Step 3 • Strategies and activities are taken from Step 4. Note: Dagupan City has included a section on 'support strategies for the intervention' under subcomponent #3. • Targets and activities are taken from Step 4. Targets as presented in the example are the indicators spread over the short, medium, and long-term. • Data/information for 5, 6, and 7 are taken from the baseline survey and results of the FGDs and KII as well as from the PHO/CHO/MHO including the PPDO/CPDO/MPDO. • The LSSS team should do a cost estimate for the various sanitation technologies available and include this in the narrative. • Bauko and Dagupan City included a discussion on the implementation mechanism for the LSSS. It discussed briefly the roles of the different bodies that would take part in the implementation of the LSSS and the manner of coordination among them. • Financing the plan discusses how the LGU will allocate funds for the LSSS implementation as well as the sources of funds. The LSSS team could include the estimated cost for water and sanitation infrastructure for the next 10 years. • Annual implementation review of the LSSS deals with the schedule of the investment-planning period and highlights the inclusion of the LSSS budget in the annual budget proposal of the LGU.

COMPONENTS OF THE LSSP	DESCRIPTION
j. Provincial/City/ Municipal Engineering Office k. Market Division under the Treasury Office l. Market Administrator m. Water District (Chlorination Production Division, Engineering Division, Commercial Division) n. Water Supply Associations o. Department of Education p. PENRO/CENRO/MENRO q. BFAR Main Divisions (Forest Management Service, Protected Area and Wildlife, Land Management) r. Department of Health s. Media/Provincial/City/ Municipal Information Office t. SK as Sanitation Ambassadors/Youth u. PSWDO/CSWDO/ MSWDO v. NGOs/POs/Business and Industry w. Municipal Septage Management Committee x. Provincial Water Supply, Sewerage and Sanitation Sector Unit y. Local Drinking Water Quality Monitoring Committee 13. Advocacy and Communicating the LSSS 14. Plan Institutionalization 15. Risk Assessment	• Organization and management highlights the roles of the key actors in the implementation of the LSSS. It likewise discusses institutional arrangements among the agencies involved. The LSSS team should decide among the list of key actors those to be included in the LSSS implementation. • Communicating the LSSS highlights the approaches for advocacy. It includes the officials and their roles in the process. • M&E discusses briefly how the sanitation programs will be monitored and the responsible persons to track implementation. • Plan institutionalization explains the process of how the plan will be endorsed for adoption. It also presents some measures to ensure sustainability. • Risk assessment presents the probable risks in the adoption and implementation of the LSSS. It also includes factors on how to counter or manage these risks.

Do not be surprised if it becomes necessary to have several meetings and discussions before the LSSP is finalized. The planning process introduced in this guidebook is a rejoinder and complementary to the current local development planning process of the LGU and involves multi-stakeholdership. Furthermore, the LSSS is tied-up with the local health plan in the sense that the strategies developed should respond to the health issues identified by the LGU. The LSSP is done in line with the formulation of the comprehensive development plan (CDP) and the Provincial/City/Municipal Investment Plan for Health (PIPH/CIPH/MIPH) for inclusion in the annual operation plan (AOP).

The planning process should coincide with the annual investment planning of the LGU every September preparatory to the submission of the annual budget proposal for the following year's budget. This, in a way, will ensure that the interventions identified in the plan will be funded for implementation since they will form part of the local investment plan.

Deciding on the Options for Financing

From the alternatives presented on page 18 of this Guidebook, the LGU at this stage in the process has already selected a probable project that it intends to find funding for. To assure funds are allocated for the implementation of the LSSP, the LGU should include the budget of the appropriate sanitation technology it has selected in the annual operation

plan (AOP). This would indicate the commitment of the LGU to local sustainable sanitation planning. Essentially, the LGU allocates funds to its priority programs or projects through the 20% development fund or grants available. The 20% is distributed among other development initiatives such as infrastructure, health, social services, agriculture, etc. Aside from grants, the LGU may select from among the following financing schemes[11] to secure funds for their respective LSSP:

- Allotment of funds for sanitation activities through the City Health Office, ranging from P9M-P14M for the past three years through the project 'Health and Sanitation Services. The LGU also allots 1-2.3% of its total funds for sanitation through Ecological and Environmental Sanitation Programs.[12]
- Under the Province-wide Investment Plan for Health (PIPH), the LGUs through their respective CHDs, may indicate in their Annual Operational Plan (AOP) a list of key sanitation interventions or project packages which the province may consider for funding.
- Other alternative financing schemes require cost-sharing initiatives shared by the following sectors: households, barangays, Water District, national government, business sector particularly those engaged in sanitation services, NGOs, and small and medium enterprises. The LGU may also avail microfinancing from the Land Bank and Development Bank of the Philippines.
- Inclusion of funding allocation provisions in the IRR of the sanitation code
- Local tax code to include inspection fees, review rate, and technical assistance fees, etc. to generate local funds
- Corporate sponsorship for pilot areas where projects/programs shall be implemented
- Creation of a City Economic Team, passing an investment code for the City, operationalization of the City Investment Board and with investment priority areas declared [13]
- Barangays may be encouraged to set up their own barangay sanitation fund (at least P10,000 to P20,000 for small barangays, P30,000 for medium-sized barangays and at least P100,000 for big barangays)[14]
- Another potential source of funds is the Water Quality Management Fund created under the Clean Water Act[15]

[11] *The financing options presented were culled from the LSSP of the six pilot sites.*
[12] *Dagupan LSSP, page 28*
[13] *Gen. Santos City LSSP, page 30*
[14] *Guiuian, Eastern Samar LSSP, page 26*
[15] *Gen. Santos City LSSP, page 30*

- The LGU can include sanitation expenditures in its annual appropriations ordinance.[16]

Apart from the preceding financing schemes, the LGU may opt to develop a full-blown project proposal for submission to prospective funding institutions.

Project Work and Financial Plan

The LGU develops the Work and Financial Plan for the particular project it plans to implement. As a guide, the sample worksheet is presented in Annex G. An estimate of the preparation costs for the entire LSSS (as based on the experiences of the SuSEA partner sites) is located in Annex H.

Progress Monitoring of the LSSP

The LGU planning team regularly reports progress of project implementation using the template found in Annex I. The activity column reflects the list as indicated in the Work and Financial Plan. The outputs refer to the tangible deliverables that the project produced after undertaking the activities. Percent (%) accomplishment is the difference between the planned and actual. The LSSS team indicates the reason for any discrepancy between the planned and actual accomplishment.

The facilitating and hindering factors encountered in project implementation will form part of the lessons learned and will feed into future improvements. It is necessary for the planning team to track how close the project is in achieving the desired objectives. The assessment is based on whether the indicators formulated have been accomplished.

[16] *Alabel LSSP, page 29*

STEP 6 Endorse the LSSP

This last step in the process is concerned with finally endorsing the LSSP for approval. In preparation for this task, the LSSS team presents the LSSP to the LCE, other LGU officials and the SB/SP and lobby for its adoption.

Objectives

This step allows the LSSS team to:

- Communicate the LSSP for adoption; and
- Present and submit the LSSP for approval.

Output

Resolution Adopting the Local Sustainable Sanitation Plan

Description of the process

1. The LSSS team sends a letter to the LCE and other key actors involved in the implementation of the LSSP to formally endorse it.
2. The plan is presented to the SB/SP, LCE and other officials.
3. The team sends an official communication to the SB/SP for the drafting of a resolution adopting the LSSS.
4. The LGU officials and other key actors who were involved in the strategy formulation are provided a copy of the resolution to jump start plan implementation.

Annex A:
Sample Executive Order Creating the LSSS Team

Republic of the Philippines
Province of South Cotabato
MUNICIPALITY OF POLOMOLOK
-oo0oo-

OFFICE OF THE MUNICIPAL MAYOR

Executive Order No. 9
Series of 2008

AN ORDER CREATING THE COMPOSITION OF THE TECHNICAL TEAM TO FORMULATE THE MUNICIPAL SANITATION PLAN.

WHEREAS, Presidential Decree No. 856, otherwise known as the Code on Sanitation of the Philippines serves as a significant landmark in the history of our country's health and sanitation efforts;

WHEREAS, Section 11, Article XIII of the 1987 Constitution provides that the State shall adopt an integrated and comprehensive approach to health development by making quality and adequate health care available and accessible to everybody;

WHEREAS, Republic Act No. 9275, otherwise known as the Philippine Clean Water Act of 2004 is a piece of legislation that was designed to address the interlinked problems of water quality, pollution prevention and control and sanitation;

WHEREAS, guided by the intent of these national laws on health and sanitation, the Municipality of Polomolok desired to formulate the Municipal Sanitation Plan;

NOW, THEREFORE, I, ENGR. ISIDRO D. LUMAYAG, by virtue of the powers vested in me by law as Mayor of the Municipality of Polomolok, South Cotabato, to hereby order the creation of the composition of the Technical Team to formulate the Municipal Plan.

Section 1. Composition

1. DR. EDWIN DIPUS - Team Leader
   Municipal Health Officer

2. SANITARY INSPECTORS - Member

3.	ENGR. AGUSTIN P. VALENCIA, JR.	-	Member
4.	MS. MIGUELITA S. ESCOLANO	-	Member
5.	REPRESENTATIVE Heramil's Maternity & Children Clinic	-	Member
6.	REPRESENTATIVE Howard Hubbard Memorial Hospital	-	Member
7.	REPRESENTATIVE Bontuyan Medical Clinic	-	Member
8.	REPRESENTATIVE Polomolok Municipal Hospital	-	Member
9.	MR. LORY N. ASILO Administrative Officer II	-	Member
10.	Representative, SWM	-	Member
11.	PRESIDENT Meat Vendor's Association	-	Member
12.	PRESIDENT Fish Vendor's Association	-	Member
13.	PRESIDENT General Merchandise	-	Member
14.	MS. DYNA ENAD Pollution Control Officer Dole Philippines, Inc.	-	Member
15.	PRESIDENT Polomolok Hog Raiser's Association	-	Member
16.	Barangay Kagawad, Committee on Health Baranggay Poblacion	-	Member
17.	Barangay Kagawad, Committee on Health Baranggay Cannery Site	-	Member
18.	Barangay Kagawad, Committee on Health Baranggay, Magsaysay	-	Member

19.	ENGR. SOLITO J. TORCUATOR Polomolok Water's District	-	Member
20.	Representative, MAHINTANA Foundation	-	Member
21.	Representative, Department of Education East & West District	-	Member
22.	MR. ALFONSO M. DAFLIN Pollo Fresco	-	Member
23.	ANGELITA CALVA President Barangay Health Worker's Federation	-	Member

Section 2. Functions

2.1 The Municipal Technical Team shall fulfill the following functions:

2.1.1 Hold a planning workshop through the assistance of the Technical Assistance Management Services (TAMS) and the Department of Health.

2.1.2 Initiate the review and consolidation of the workshop output as an integral part of the Municipal Sanitation Plan.

2.1.3 Submit the consolidated Municipal Sanitation Plan to the Office of the Municipal Mayor for its approval within five (5) days from the final review of the generated output.

2.1.4 Should there be a required local legislative enactment, the Team shall lobby to the Sangguniang Bayan the approval of the Municipal Sanitation Plan.

Section 3. Effectivity. This Executive Order shall take effect immediate and shall remain in full force unless revoked in writing by the undersigned.

Done this 5th day of May, 2008 at Polomolok, South Cotobato.

ENGR. ISIDRO D. LUMAYAG, PME
Municipal Mayor

Annex B:

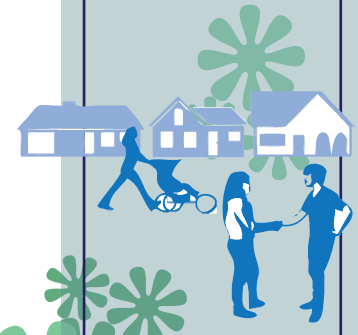
Sample List of Sanitation Problem (Polomolok)

Annex B:
Sample List of Sanitation Problems (Polomolok)

Areas of Concern	Sanitation Problems/ Strategic Issues	Actions needed to respond to the problems (these are reflected along the trunk)
Business industries	• Untreated waste water among industries (livestock, poultry, processing plants, slaughterhouses, etc.) • Do not observe proper solid waste disposal practices	• Construction of wastewater treatment facility in industries and public market
Public/ Private utilities		
Toilet	• Poor utilization and insufficient number of sanitary public toilet facilities in public market, community plaza, terminals.	• Construction of additional public toilets
Food establishments	• No access to sanitary toilet facilities • Poor drainage systems • Do not observe proper solid waste dispo-sal practices	• Construction of additional public toilets • Construction of adequate drainage system
Hospitals	• Improper disposal of healthcare wastes	• Enactment of the local sanitation code • Strict enforcement of national and local sanitation laws.[23]

[23] *Strict enforcement of national and local sanitation laws may mean setting-up a permit/application system or penalty system for violators, conducting spot audits, etc.*

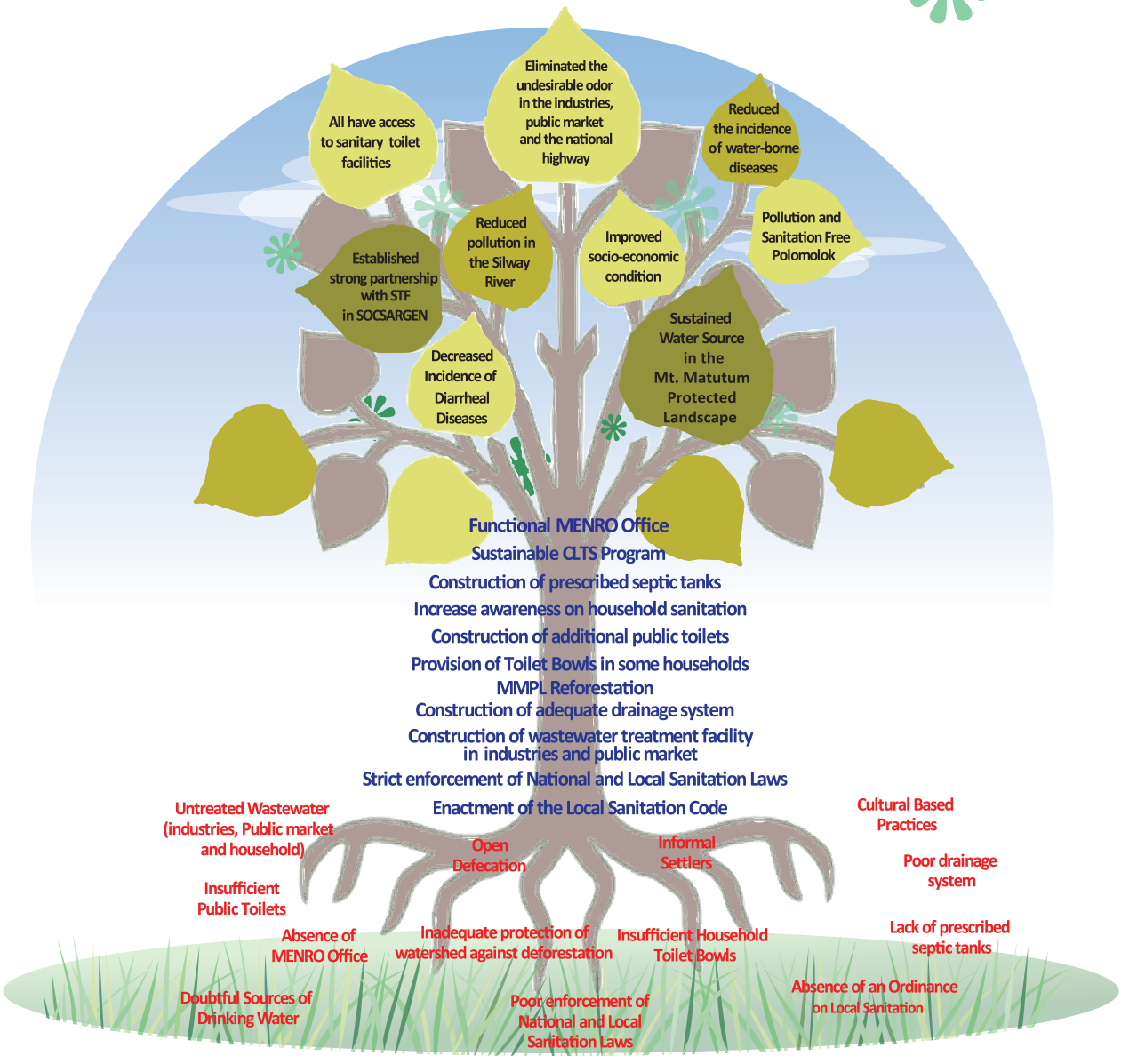
Annex B:
Sample List of Sanitation Problems (Polomolok)

Areas of Concern	Sanitation Problems/ Strategic Issues	Actions needed to respond to the problems (these are reflected along the trunk)
Funeral parlors	• Solid wastes are not picked-up by the Garbage Truck • Dispose their solid wastes by burning • Overflow of waste water from septic tanks	• Enactment of the local sanitation code • Strict enforcement of national and local sanitation laws
Cemeteries	• Some of the dead are buried in their home/farm lots • Cultural observance of unsanitary burial practices	• Enactment of the local sanitation code • Strict enforcement of national and local sanitation laws
Households & Subdivisions 	• No proper design of drainage systems • Poor maintenance of drainage systems • Do not observe proper solid waste disposal practices • Non-compli-ance to prescribed septic tank design	• Construction of adequate drainage system • Construction of prescribed septic tanks • Sustainable CLTS program • Increase awareness on household sanita-tion • Provision of toilet bowls in some house-holds
Riverbank, upland and informal settlers	• Open defecation • Poor utilization or no access to sanitary toilets • Poor sanitation practices	• Sustainable CLTS program • Construction of ad-ditional public toilets

Annex B:
Sample List of Sanitation Problems (Polomolok)

Areas of Concern	Sanitation Problems/ Strategic Issues	Actions needed to respond to the problems (these are reflected along the trunk)
Schools	• Open defecation in nearby streams/river • Poor maintenance of toilet facilities • Lack of sanitary toilet facilities • Pupils' WOW practices are limited inside the school campus	• Sustainable CLTS program • Construction of additional public toilets
LGUs (municipal & barangay)	• Absence of office that will anchor the implementation of the program (MENRO) • No enforcement of SWM Ordinance • Adoption of PD 856 / No Local Sanitation Code (2nd reading of SB Session) • Poor coordination between the LGU and civic/ social development players in the area (IEC, implementation of sanitation-related policies & programs)	• Enactment of the local sanitation code • Strict enforcement of national and local sanitation laws • Functional MENRO Office
Industries/ NGOs/CSOs, Cooperatives/ Barangay Local Government Units	• Lack of information exchange between industries, NGOs, cooperatives and the LGU • Lack of coordination between major stakeholders • No organized local special body to spearhead and address sanitation issues/programs between industries, establishments, and LGU	• Functional MENRO Office

Annex C:
Sample Problem Tree Analysis (Polomolok)



Annex D:
Sample Objectives and Targets

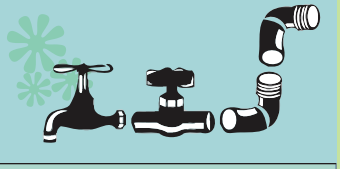
Sample Objectives[11]			
Theme / Objectives	Indicators		
	Short-term (1-2 yrs)	Medium-term (3-5)	Long-term (> 5 yrs)
Legislation and Policy Support: 1. Enacted the necessary legislations to ensure the effective and efficient implementation of the Polomolok sanitation program in all barangays	• Established the MENRO and hired the necessary personnel • Local Sanitation Plan adopted by June 2009 • Allocated necessary funds in the AOP for the sanitation program by 2010 • Started coordination with DENR by June 2009 in support of WQMA, illegal extraction of forest resources and other programs that may need DENR support		
Infrastructure and Sanitation Facilities: 2. Established the infrastructure requirements consistent with the approved standards which are necessary in ensuring sanitary waste management	• Constructed the Waste Water Treatment Facility in Polomolok public market by end of 2009 • Constructed public standard sanitary toilet facilities by end of 2009 in: bus terminal=1, plaza=2, children's park=2 • Improved/rehabilitated six existing toilet facilities by end of 2009 • Constructed/ upgraded household septic tanks by 10% in 2010 consistent with the standard design under PD 198	• Constructed/upgraded household septic tanks by 25% in 2014 consistent with the standard design under PD 198 (2008 baseline) • Constructed appropriate drinking water supply systems in identified sites by end of 2013 • Increased the supply of drinking water by 2015 through the development of alternative sources	• Constructed/ upgraded household septic tanks by 50% in 2018 consistent with the standard design under PD 198 (2008 baseline)
IEC and Advocacy: *(Behavior Change)* 3. Increased level of awareness among communities on the importance of sanitation and hygiene	• Reduced open defecation by 20% in 2010 (2008 baseline) • Reduced incidence of diarrheal and other water-borne diseases by 10% in 2010 (2008 baseline)	• Reduced open defecation by 50% in 2014 (2008 baseline) • Reduced incidence of diarrheal and other water-borne diseases by 20% in 2012 and 30% in 2014 (2008 baseline)	• Reduced open defecation by 100% in 2018 (2008 baseline) [25]

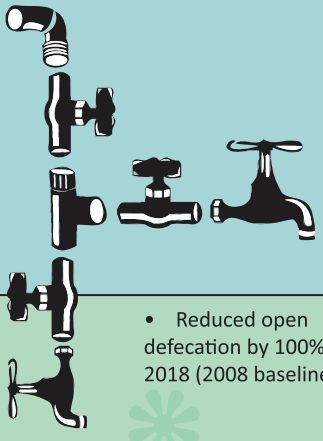
[25] *Ideally indicators should be reported as a percentage of the total population practicing OD in a particular LGU (e.g., 20% of the community in 60 barangays practice OD by year _____).*

[11] *Data extracted from the Polomolok LSSP revised 31 July 2008 and the May 2008 Visioning Workshop*

Annex E:
Sample Implementations Strategies and Activites

SAMPLE IMPLEMENTATION STRATEGIES AND ACTIVITIES

Theme/Objectives	Indicators	
	Short-term (1-2 yrs)	Short-term (3-5 yrs)
Legislation and Policy Support: 1. Enacted the necessary legislations to ensure the effective and efficient implementation of the Polomolok sanitation program in all barangays	• Established the MENRO and hired the necessary personnel • Local Sanitation Plan adopted by June 2009 • Allocated necessary funds in the AOP for the sanitation program by 2010 • Started coordination with DENR by June 2009 in support of WQMA, illegal extraction of forest resources and other programs that may need DENR support	
Infrastructure and Sanitation Facilities: 2. Established the infrastructure requirements consistent with the approved standards which are necessary in ensuring sanitary waste management	• Constructed the Waste Water Treatment Facility in Polomolok public market by end of 2009 • Constructed public standard sanitary toilet facilities by end of 2009 in: bus terminal=1, plaza=2, children's park=2 • Improved/rehab-ilitated six existing toilet facilities by end of 2009 • Constructed/ upgraded household septic tanks by 10% in 2010 consistent with the standard design under PD 198	• Constructed/up-graded household septic tanks by 25% in 2014 consistent with the standard design under PD 198 (2008 baseline) • Constructed appropriate drinking water supply systems in identified sites by end of 2013 • Increased the supply of drinking water by 2015 through the development of alternative sources 
IEC and Advocacy: 1. Increased level of awareness among communities on the importance of sanitation and hygiene	• Reduced open defecation by 20% in 2010 (2008 baseline) • Reduced incidence of diarrheal and other water-borne diseases by 10% in 2010 (2008 baseline)	• Reduced open defecation by 50% in 2014 (2008 baseline) • Reduced incidence of diarrheal and other water-borne diseases by 20% in 2012 and 30% in 2014 (2008 baseline)

SAMPLE IMPLEMENTATION STRATEGIES AND ACTIVITIES		
Long-term (5 yrs)	**Implementation on Strategy**	**Activities**
	Review the provisions of the Sanitation Code of the Philippines (PD 856) and choose applicable provisions to the local level	• Consultations with stakeholders by the concerned SB committee • Conduct public hearings with concerned stakeholders • Craft the desired Local Sanitation Code based on the consultations and public hearings • Adopt the Local Sanitation Code
• Constructed/ upgraded household septic tanks by 50% in 2018 consistent with the standard design under PD 198 (2008 baseline) 	For untreated wastewater in the public market: • Construction of wastewa ter treatment facility in the public market • Rehabilitation &/or construction of appropriate drainage system • Rehabilitation or construction of water tight septic tank in the public market (tap the proposed wastewater treatment facility) • Require all households to have sanitary toilets • Provision of public toilets	• Preparation of feasibility study and technical plans on drainage and wastewater facility • Allocation of funds in the regular budget • Masterlisting of households without sanitary toilet • Provision of toilet bowls, households to provide counterpart labor and other construction materials • Provision of sanitary toilets in designated public places
• Reduced open defecation by 100% in 2018 (2008 baseline) 	• Advocacy drive to the barangays with big agri'l plantation, IPs, river bank communities, all levels of public/private schools, cooperatives, POs, GOs, NGOs • Information, education and communication • Introduce CLTS	• Organization of the IEC team • Integration of personal hygiene in science, GMRC and Makabayan subjects • Info dissemination during PTCA assemblies • Info drive through radio and other media • Pilot test CLTS in 1 or 2 barangays and expand gradually in other areas

Annex F:
Sanitation Priority Questionnaire

Annex F:
Sanitation Priority Questionnaire

Sanitation Priority Questionnaire for Local Implementers

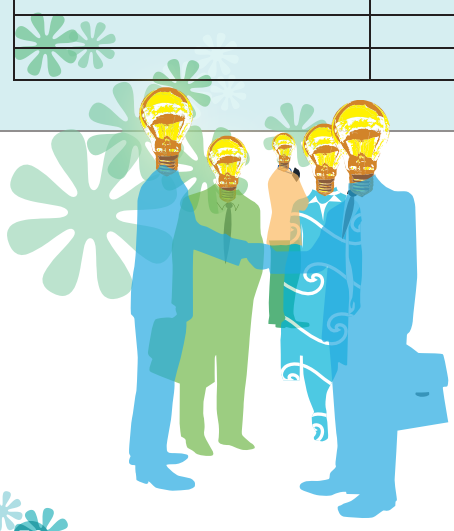
Instructions: Use baseline data and discussions with elected officials, stakeholders and Technical Working Group to rank each question from 0 to 5 with 1 being the least important and 5 being the most important. Add the total score for each section and compare sections to determine 1st, 2nd, and 3rd sanitation priorities.

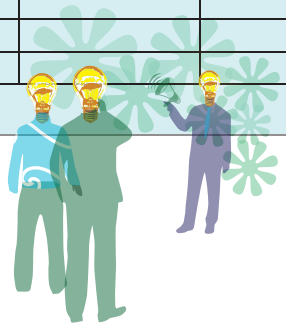
Toilets	Ranking
• Informal settlers have inadequate access to toilets resulting in open defacation	
• Informal settlers without toilets are located on riverbanks or shorelines	
• Incidence of diarrhea and soil-transmitted helminthiasis is high posing risk to public/community health.	
• There are inadequate public toilets resulting in open defecation	
Total	
Non-Point Sources	
• Pit toilets or Antipolo style latrines are common (polluting groundwater)	
• Open bottom septic tanks are common (polluting groundwater)	
• Soil erosion during heavy rains muddies rivers and streams	
• Manure from animal farms is discharged directly to streams and rivers	
Total	
Point Sources	
• Restaurants do not remove grease by using commercial grease traps	
• Wastewater discharges from public markets does not meet DENR standards	
• Wastewater discharges from slaughterhouses does not meet DENR standards	
• Wastewater discharges from hospitals does not meet DENR standards	
Total	
Setage Management	
• There are no programs to ensure that septic tanks are properly designed (sealed bottom)	
• Septic tanks are not routinely desludged every 3 to 5 years	
• There is no proper septage treatment facility within 1 hour drive of the LGU	
• Septage is being improperly discharged on agricultural land or in streams or rivers	
Total	
Sewerage	
• There are urban areas without adequate drainage systems	
• Septic tank effluent discharges to open drains	
• Wastewater from drainage outfalls is not treated	
• New housing development use septic tanks only (not full wastewater treatment)	
Total	
Ecological Sanitation	
• Most households have private farms or gardens where fertilizer derived from waste could be useful	
• The LGU has the ability to sustain projects through continuous training or financial inputs	
• There is a lack of water for pour-flush toilet systems	
• Open defecation is a problem in the LGU	
Total	

Annex G:
Sample Work and Financial Plan

Province: _____

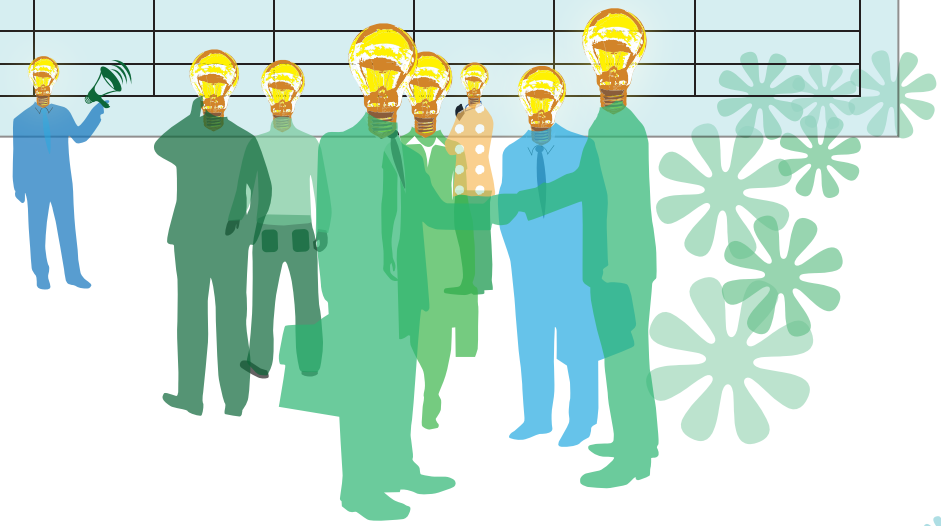
F1-PPAs	Specific Objectives	Interventions/ Activities	Target	
			Beneficiaries	Areas
I. Service Delivery				
A. Public Health Program Development				
II. Health Regulations				
III. Health Financing				
IV. Health Governance				
A. LGU Sector Management				





Sample Work and Financial Plan
CY_____

Timeframe		Resource Requirements			Fund Source	Office Responsible
From	To	Item	Unit Cost	Total Cost		



Annex H:
Estimated Cost of Preparing the LSSS (in Philippine pesos)

A	Meetings, workshops	No. of pax	Cost of meals/day	No. of days	Total	supplies and handouts (per person)	Documentation	Total Cost
	Crafting the Vision and mission	50	250.00	1	12,500.00	100.00	1,500.00	**19,000.00**
	Identifying goals and objectives	50	250.00	2	25,000.00	100.00	1,500.00	**31,500.00**
	Formulate Strategies	50	250.00	2	25,000.00	100.00	1,500.00	**31,500.00**
	Integrate Sanitation Information into the LSSS	50	250.00	2	25,000.00	100.00	1,500.00	**31,500.00**
	Presentation and review of first draft	30	250.00	2	15,000.00	100.00	1,500.00	**19,500.00**
	Presentation and review of second draft	30	250.00	2	15,000.00	100.00	1,500.00	**19,500.00**
						Sub Total A		**152,500.00**

B	Reproduction of Reports	No. of copies	Cost per copy					Total Cost
	First draft	30	200.00					**6,000.00**
	Second Draft	30	200.00					**6,000.00**
	Final Report	50	500.00					**25,000.00**
						Sub Total B		**37,000.00**
						Total Cost		**189,500.00**

Annex I:
Sample Project Progress Monitoring Template

Project Progress Monitoring Template
For the Month: _____

Activity	Outputs Produced	Target		% Accomplishment	Variance	Reasons for Variance
		Planned	Actual			
Factors that facilitated or hindered the team in producing the outputs:						
Brief assessment of how close the project team is in achieving the objectives:						
Planned activities for the following month:						

Annex J:
Sample Resolution Adopting the LSSP

Republic of the Philippines
Province of South Cotabato
Municipality of Polomolok

Office of the Sangguniang Bayan

NOEL M. TAJALE
Secretary to the Sangguniang Bayan

EXCERPT FROM THE MINUTES OF THE 39TH REGULAR SESSIONS OF THE 14TH SANG GUNIANG BAYAN OF POLOMOLOK, SOUTH COTABATO HELD AT THE SESSION HALL ON OCTOBER 23, 2008.

Present:

Hon. Ligaya R. Orbesido	Vice Mayor *(Presiding Officer)*
Hon. Eliazar G. Jovero	Councilor
Hon. Leo J. Cordova	Councilor
Hon. Jude G. Bontuyan	Councilor
Hon. Rhyolite A. Balili	Councilor
Hon. Noami C. Baitus	Councilor
Hon. Ofelia N. Limos	Councilor
	Ex-Officio Member:
Hon. John Edward L. Lumayag	SK Fed. Chairman

Absent:

Hon. Nilda B. Almencion – O.B. TESDA Graduation	Councilor
Hon. Rodolfo E. Doctolero – O.B. Children's Festival	Councilor
Hon. Edgardo C. Diazon, Sr. – O.B. Children's Festival	ABC President

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RESOLUTION NO. 144

Unanimous Sponsorship

RESOLUTION ADOPTING THE LOCAL SUSTAINABLE SANITATION PLAN OF THE MUNICIPALITY OF POLOMOLOK, PROVINCE OF SOUTH COTABATO.

WHEREAS, the Sangguniang Bayan resolution adopting the Local Sustainable Sanitation Plan of the Municipality is one of the deliverables of the LGU of Polomolok, Province of South Cotobato to the Water and Sanitation Program of the World Bank under the Sustainable Sanitation in East Asia (SuSEA) Philippine Program:

WHEREAS, Sanitation program is considered as one of the priority program of the LGU as same is embodied in the Executive-Legislative Agenda for 2008-2010 with the goal of achieving a clean environment and healthy constituents of Polomolok; with all households having access to sanitary toilet facilities; the town people will have improved community economic condition through environment-friendly livelihood programs; and, in the overall perspective, a pollution-free Polomolok;

Republic of the Philippines
Province of South Cotabato
Municipality of Polomolok

Office of the Sangguniang Bayan

NOEL M. TAJALE
Secretary to the Sangguniang Bayan

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(Reso. No. 144, s-2008)

WHEREAS, towards that end, the drafted Local Sustainable Plan needs to be adopted by the Sangguniang Bayan to make it binding and official;

WHEREFORE, premises considered, on unanimous sponsorship, the Body

RESOLVED, as it does hereby resolve, to adopt the Local Sustainable Sanitation Plan of the Municipality of Polomolok, Province of South Cotabato,

UNANIMOUSLY CARRIED.

ADOPTED by the Sangguniang Bayan on October 23, 2008

I hereby CERTIFY to the correction of the foregoing resolution.

NOEL M. TAJALE
Sangguniang Bayan Secretary

ATTESTED & CERTIFIED
TO BE DULY ADOPTED:

LIGAYA R. ORBESIDO
Vice-Mayor
(Presiding Officer)

APPROVED: 11 24 08

ISIDRO D. LUMAYAG
Municipal Mayor

Republic of the Philippines
Province of South Cotabato
Municipality of Polomolok

Office of the Sangguniang Bayan

NOEL M. TAJALE
Secretary to the Sangguniang Bayan

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-2-

(Reso. No. 144, s-2008)

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UNANIMOUSLY CARRIED.

ADOPTED by the Sangguniang Bayan on October 23, 2008

I hereby CERTIFY to the correction of the foregoing resolution.

NOEL M. TAJALE
Sangguniang Bayan Secretary

ATTESTED & CERTIFIED
TO BE DULY ADOPTED:

LIGAYA R. ORBESIDO
Vice-Mayor
(Presiding Officer)

APPROVED: 11 24 08

ISIDRO D. LUMAYAG
Municipal Mayor