



The Philippine Sustainable Sanitation Knowledge Series

Guidebook for a Zero Open Defecation Program



Department of Health





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Guidebook for a Zero Open Defecation Program

Published by the Department of Health (DOH) Philippines

San Lazaro Compound, Rizal Avenue, Sta. Cruz

Manila 1003 Philippines

October 2010

ISBN 978-971-0569-24-3

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This document was developed through the Sustainable Sanitation in East Asia Program-Philippine Component (SuSEA). Water and Sanitation Program-Philippines The World Bank Office Manila, 20th Floor, The Taipan Place, F. Ortigas Jr. Road, Ortigas Center, Pasig City 1605, Metro Manila, Philippines. Telephone: +632-917-3143

The findings, interpretations, and conclusions expressed herein are those of the writers and not of the World Bank, the Swedish International Development Cooperation Agency or the Water and Sanitation Program.



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The Philippine Sustainable Sanitation Knowledge Series:

- Guidebook for a Sustainable Sanitation Baseline Study
- Guidebook for a Local Sustainable Sanitation Strategy
- Guidebook for a Local Sustainable Sanitation Promotion Program
- Guidebook for Community-Led Total Sanitation
- **Guidebook for a Zero Open Defecation Program**
- Guidebook for Onsite Sanitation Technologies
- Guidebook for Designating a Water Quality Management Area
- Guidebook for Marketing a Septage Treatment Facility
- Guidebook for Monitoring and Evaluation
- Septage Management Program: The General Santos City Experience
- The SuSEA LGU Experience: Dagupan, Guiuan, Polomolok, General Santos City, Alabel, Bauko
- Guidebook for a Disease Prevention and Control Program for Soil-transmitted Helminth Infections and Diarrheal Diseases
- Guidebook on Water Supply Protection Program
- Water Pollution Prevention and Control Program: The Polomolok Experience



For inquiries or comments, please contact the email address listed for the National Center for Disease Prevention and Control listed under this page:
http://www.doh.gov.ph/contact_us.html



Acknowledgments

We would like to express profound thanks to the following individuals for their invaluable support and commitment.

Dir. Eduardo Janairo
Dr. Yolanda Oliveros
Engr. Joselito Riego De Dios
Engr. Rolando Santiago
Engr. Luis Cruz
Engr. Gerardo Mogol
and Engr. Ma. Sonabel Anarna (DOH)

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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. 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.

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.

One of the most urgent challenges being faced by LGUs is the continuing practice of open

defecation, which is linked to environmental and health issues. Effective sanitation alone is known to reduce diarrheal disease incidence by up to 45%. Open defecation affects everyone in a given environment so it is important to motivate those who are still practicing it to shift to safe sanitation practices. The MDG target is set to halve the population who do not have access to safe sanitation by 2015. Unfortunately, as of the present, the target is severely off track by 700 million. Therefore, there is a serious need for more effective and community-based programs that can help achieve this goal.

This Guidebook enables LGUs to contribute to the attainment of the MDG target through the implementation of a Zero Open Defecation Program (ZODP), which utilizes community led approaches. It maximizes community participation with the aim of empowering communities to make decisions, take action in improving their current sanitation conditions, and collectively help others abandon the practice of open defecation.

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, and life-giving water and sanitation facilities. 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



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ACRONYMS AND ABBREVIATIONS

AGE	Acute gastroenteritis
BFAR	Bureau of Fisheries and Aquatic Resources
BHW	Barangay Health Worker
BSV	Barangay Sanitation Volunteer
CBA	Cost-benefit Analysis
CLTS	Community-Led Total Sanitation
DENR	Department of Environment and Natural Resources
DOH	Department of Health
EMB	Environmental Management Bureau
FGD	Focus group discussion
GoP	Government of the Philippines
IEC	Information, education, and communication
IP	Indigineous Peoples
LCE	Local chief executive
LGU	Local government unit
LNU	Lyceum-Northwestern University
LSSS	Local Sustainable Sanitation Strategy
LSSP	Local Sustainable Sanitation Plan
LSSPP	Local Sustainable Sanitation Promotion Program
M&E	Monitoring and evaluation
MDG	Millennium Development Goals
MHO	Municipal Health Office/r
MPDC	Municipal Planning and Development Coordinator
MSSC	Municipal Sustainable Sanitation Committee
NSSP	National Sustainable Sanitation Plan
NGO	Non-Government Organization
NSO	National Statistics Office
OD	Open defecation
PHP	Philippine Peso
RHU	Rural Health Unit
SIDA	Swedish International Development Cooperation Agency
STH	Soil-transmitted helminth (infection)
SuSEA	Sustainable Sanitation in East Asia (SuSEA) Philippines
TWG	Technical Working Group
WB	World Bank
WQMA	Water Quality Management Area
ZOD	Zero Open Defecation
ZODP	Zero Open Defecation Program

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.

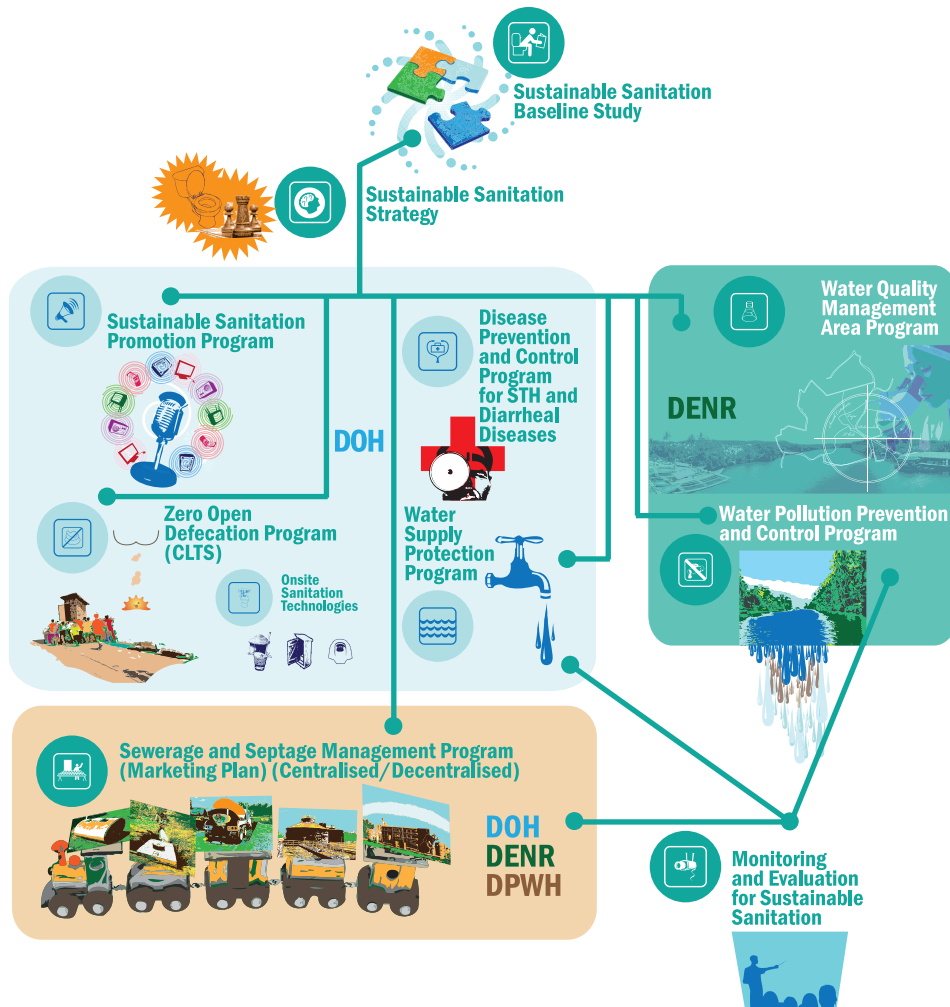
This information has been packaged for your use in a Sustainable Sanitation Knowledge Series, to which this guidebook/report belongs. The reader is encouraged to familiarize himself/herself with all the guidebooks/reports in this series beginning with the Guidebook for Conducting a Baseline Study and 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 sustainable sanitation programs (SSPs) 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



THE NATIONAL SUSTAINABLE SANITATION PLAN

The 'big picture' should be drawn first. Any zero open defecation program should be anchored on the objectives outlined in the National Sustainable Sanitation Plan (NSSP). A brief overview is given but the main document should also be visited. The NSSP should also be used as a reference in the development of local promotion programs as it provides the key approaches and strategies in the country's pursuit for sustainable sanitation.

The ZODP as it links to the National Sustainable Sanitation Plan

The Philippines' NSSP is the basis for all plans and activities on sustainable sanitation. It is anchored on the vision, "Sustainable Sanitation for All Filipinos" and the mission of creating "an enabling environment for all LGUs to initiate sustainable sanitation actions and programs especially in marginalized communities."

The development of a Local Sustainable Sanitation Strategy (LSSS) should then be premised on the principles and goals outlined in the NSSP. It 'localizes' the national plan and ensures that goals are achieved through effective planning

and implementation in the local levels.

The following are some of the programs/activities done by the LGU partners of SuSEA. These are also examples of components that an LGU can incorporate in their LSSS:

- a. Local Sustainable Sanitation Baseline Study
- b. Local Sustainable Sanitation Program
- c. Local Sanitation Code
- d. Local Sustainable Sanitation Promotion Program (LSSPP)
- e. Low cost sustainable sanitation technologies (urban and rural, coastal, riverside, upland, etc.)
- f. Sustainable sanitation acceptable to indigenous people communities

The LGUs need to develop and adopt their local sustainable sanitation programs based on their conditions and the strategy that they want to pursue. Programs such as the ZODP will contribute to the realization of the goals outlined in the NSSP. LGUs are encouraged to read more about the exciting tasks ahead. In the meantime, please refer to the box below for more details on the Philippines' National Sustainable Sanitation Plan.

National Sustainable Sanitation Plan

Preamble:

- a. Sanitation as a human right and a public good
- b. Sanitation focuses on the poorest population groups and the poorest barangays
- c. Sanitation is essential for total human development
- d. Sanitation that is gender and culture sensitive

Objectives:

By the middle of June 2016, the following would have been achieved:

1. All provinces, cities, and municipalities have declared sustainable sanitation as a policy;
2. Half of all municipalities have local sustainable sanitation promotion plans;
3. Sixty percent (60%) of all barangays will have zero open defecation;
4. Half of all cities will have Septage Management Programs;
5. All municipalities will have their own Local Drinking Water Quality Management Committee;
6. One major river per region designated as a Water Quality Management Area;
7. Reduction of acute gastroenteritis and soil transmitted helminthiasis by 50 percent (50%);

The goal is to ensure that 60% of all barangays will be declared as zero open defecation communities by 2016 (see #3 above). On the opposite page are Tables 1 and 2 that illustrate the targets over the next six years.



Table 1. Annual targets for LGUs that have Local Sustainable Sanitation Strategies, including Local Sustainable Sanitation Promotion Programs.

Year	Percentage of LGUs
2011	5%
2012	10%
2013	15%
2014	25%
2015	40%
2016	50%

Table 2. Annual targets for barangays that will be declared to have Zero Open Defecation.

Year	Percentage of barangays
2011	5%
2012	10%
2013	20%
2014	35%
2015	55%
2016	60%

Meanwhile, the DOH Administrative Order 2010-0021 signed last June 25, 2010 has indicated in the objectives that all barangays should already have zero open defecation by 2022. The LGUs should keep these targets in mind when developing and implementing their ZODP. The NSSP and the DOH Administrative Order are important bases for the LGUs' targeting. Of course, the results from the baseline studies, insights from the LSSS process, and availability and quality of resources are also important considerations. However, the above targets should not put any limit to what an LGU hopes to achieve. For instance, it can even target 100% zero open defecation communities by 2016. Additional insights on targeting are in Annex A.

Again, this Guidebook focuses on the "How To's" of a Zero Open Defecation Program so readers are encouraged to read some of the program documents of the DOH and the DENR for further information.



I. WHY THIS GUIDEBOOK?

This Guidebook is specifically developed for LGUs. This is developed with the hope that it will inspire and encourage the LGUs towards the development and implementation of their own Zero Open Defecation Program anchored on their local sustainable sanitation strategy.

Before proceeding, it is best to first to know more about open defecation in the Philippines and the community-led approach being proposed in this Guidebook.



Open defecation (OD) is defined as the practice of passing feces outside a latrine or toilet, or in a natural environment (open field, body of water, etc.) and leaving the fecal matter exposed. While the practice of OD has been declining since the 1990s, it remains to be a serious concern. Where OD exists, food and water contamination result in high incidence of diarrhea, cholera, worm infestations, hepatitis and other related diseases among the residents, regardless of whether they practice OD or not. In poor communities, this means that limited resources for basic needs are diverted to medical costs, further aggravating the community's poverty condition. The consequences are far-reaching – on the health, economic status, and dignity of life among those affected—not to mention the extent of resulting environmental degradation.

Over the years, sanitation programs have focused on external subsidy with the state as sole provider of hardware and services. However, results show that these have not been effective, with most of the latrines distributed free of charge ending up as chicken nesting pans and flower pots or simply left to gather cobwebs. Poor targeting of subsidies have often led to inefficient use of public funds with very limited impact to the poor and other vulnerable groups. In cases where external financing is available, the lack of cost-effective approaches and pro-poor interventions hamper sustain-

able implementation of sanitation programs.

Experience has also shown that “top down” approaches in program implementation and management have not been as effective compared to community-led approaches. When programs are imposed, people have a diminished sense of “ownership” of the program, which often results in weakened participation and which, in turn, often leads to program failure. Such was the case in many sanitation programs that relied heavily on state subsidy, particularly, latrine distribution. Community-led approaches, on the other hand, rely mainly on actions and decisions that emanate from the community. External actors serve as facilitators of such actions and provide support that enable communities to attain their goals rather than forcing interventions that have been developed from outside. This Guidebook, then, takes off from the widely accepted principle that development programs succeed if they are completely owned by the people.

One may be tempted to ask, “How will my LGU benefit from this?” The answer is simple. If serious interventions are done now, people will be healthier, the community more productive, and the environment cleaner. The LGU will also save resources that will otherwise be spent on diseases associated with or caused by OD such as soil-transmitted helminth (STH) infections or diarrheal diseases, including AGE.

The LGUs are definitely facing a very challenging task, which is the development and implementation of a sustainable sanitation program that directly addresses their key concerns. This Guidebook provides helpful sources for guidance and information on how to develop and implement a ZOD Program if such an approach is deemed to be the most effective.

Of course, this works on the assumption that an LGU has already conducted a baseline study and that a local sustainable sanitation strategy is already in place or is about to start.



The baseline study is a crucial step as it allows an LGU to have all the important information, which will enable it to address all aspects of the program development, planning, implementation and monitoring. These baseline data will provide one of the 'backbones' of an LGU's program in the same way that economic data and statistics will enable planners to come up with a relevant and responsive development plan.

Taking off from the baseline study and the development of the local sustainable sanitation strategy, this Guidebook will then serve as the LGU's "roadmap" in the development and implementation of the ZODP, one of the key programs/interventions in the pursuit of sustainable sanitation. The information here is based on previous experiences of development and implementation of the ZODP, one of the key programs/interventions in the

pursuit of sustainable sanitation. However, LGUs have the option to develop their own procedures and guidelines depending on their local conditions and resources.

Experiences from the three LGUs who are implementing ZODP through SuSEA Philippines are also shared in this Guidebook. These stories and insights give more inspiration and concrete examples on how a ZODP is done. For more discussion and insights, the Zero Open Defecation Program reports (developed by Dr. Soledad Natalia M. Dalisay for the Department of Health and SuSEA Philippines and (on which this Guidebook is based) can also be visited.

For further information and support, please contact the DOH or DENR-EMB.

II. READING GUIDE

It is very easy for LGU users to navigate through this Guidebook. The 6-step process of how to develop and implement a ZODP is explained here. The following markers and symbols will help in going through and learning from this Guidebook:

Those with the **LIGHT BULB** icon are important reminders. It's okay to skip or quickly go through them on the first reading, but they should be read more thoroughly after finishing the book.



Those marked with the **BOOK & PEN** icon are elaborations on certain sections. Text with this icon may be definitions, tips on specific activities you can do to fulfill a particular goal (e.g. raising funds for your sanitation program), or suggested courses of action to take when faced with certain challenges.



This Guidebook also shares "good" practices from LGUs who have already conducted their ZODP. These stories are marked with the "good practices" icon.



There are six key steps in the development and implementation of a ZODP. Each step of the ZODP process is numbered so it is very easy to go back and forth if the reader needs to do so.

It's also easy to find out where the reader is already in the whole process. You can just look at the upper margins of the page. You can also flip back to the process illustration on page 5 (Figure 1).

Some terms are explained within the text of the sections where they are discussed although some are explained in the Definition of Terms.

It is hoped that this Guidebook will inspire and help the LGUs in developing their own ZOD programs.



III. DEVELOPING AND IMPLEMENTING A ZERO OPEN DEFECATION PROGRAM: An Overview

The following gives a brief overview of the steps or activities to be undertaken in developing and implementing a Zero Open Defecation Program. The details on these steps are given in the next chapter.



STEP 1 *Step 1: Reviewing local sanitation conditions and strategy/ies*

When beginning a ZOD program, it is assumed that the LGU has already undertaken its baseline study and developed its local sustainable sanitation strategy (This series of knowledge tools also includes separate Guidebooks on Conducting a Baseline Study and Developing a Local Sustainable Sanitation Strategy). This phase then takes off from this assumption.

As with any program implementation, one first needs to answer the question, “Where are we now?” In answering this basic question, an LGU will be able to determine exactly what are its needs, achievements, and aspirations concerning sustainable sanitation. In this phase, the LGU will review its challenges, strategy, and programs on sustainable sanitation and develop a keener understanding on the issues surrounding them.

If, at the end of this phase, the LGU is already confident that it can proceed with the development and implementation of a ZODP and has confirmed that it needs such a program and has the capacity to conduct it, then it is ready to move on to Step 2.



STEP 2 *Step 2: Determining target site(s) and defining needs*

The second step is to decide on the coverage and phasing of the ZODP (if phasing is necessary). The ideal approach is to cover the entire city/municipality all at once but an LGU should, of course, determine first if it has the capacity and resources to do so. Otherwise, it can identify priority areas through several criteria such as the gravity of open defecation or incidences of STH infections or diarrheal diseases, including AGE. It can then implement ZODP by phases, as the resources are made available.



STEP 3 *Step 3: Identifying partners and defining roles*

In this phase, the LGU needs to determine what set-up is best for the ZODP. For example, it needs to know if the ZODP can be done through a multi-sectoral local action committee or in partnership with local government agencies, academe, nongovernment organization (NGOs), peoples’ organization, and other private groups.

It also needs to identify the roles of the program team members.



STEP 4 *Step 4: Developing the LGU's Plan for the ZOD Program*

By the time this phase is reached, an LGU already has the needed information to develop its plan for the ZODP. The plan should, among others, show the specific activities, timeframes, manpower and financial requirements of the ZODP. Such a plan can be developed using the information generated from Steps 1, 2, and 3.

After this plan is made, it can then be presented to its project partners and, of course, to the local chief executive (LCE). The LGU must be ready to answer questions and take down recommendations that may be raised during the presentation of the LGU’s plan for the ZODP.





Step 5: Implementing the Actual ZOD Program

At this stage, the plan has already been validated and the LGU should now be ready to implement the ZODP. The ZODP implemented by three SuSEA sites comprised of the following activities: (1) Community-Led Total Sanitation (CLTS); (2) Capacity Building; and (3) Sanitation Marketing.



Step 6: Monitoring and evaluating the ZODP

Now is the time to keep track of gains and challenges. The LGU can regularly monitor and evaluate results in relation to agreed parameters and the baseline data. The LGU can regularly present the results from the monitoring and evaluation of the ZODP to the stakeholders, including the LGU executives and partners.

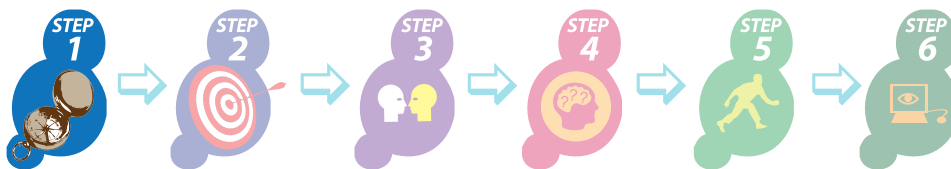
IV. STEPS IN DEVELOPING AND IMPLEMENTING A ZERO OPEN DEFECATION PROGRAM

This section will give more detail on the six (6) steps cited above. Before proceeding, the illustration below gives a better understanding on how each step connects to the next one.

Figure 1. The 6-Step ZODP Process



Step 1: Reviewing Local Sanitation Conditions and Strategy/ies



Description and objectives

Again, it is assumed that the LGU, at this point, has already undertaken its baseline study and developed its local sustainable sanitation strategy. As in any program implementation, one first needs to answer the question, “Where are we now?” In answering this basic question, an LGU will be able to determine exactly what are its needs, achievements, and aspirations concerning sustainable sanitation. This phase involves discussing the “big picture” and sharing knowledge and experiences on current conditions and challenges of the LGU towards sustainable sanitation. The LGU also needs to review the results from the baseline study and the chosen strategy/ies and interventions on sustainable sanitation. This phase is crucial for the development of a keener understanding on the issues surrounding open defecation and its impact to health and the environment.

This is also a good time to learn from the experiences of other LGUs who may already have begun a ZOD Program, particularly those of the participating LGUs in the SuSEA Philippines Program. Some of their experiences are discussed in some of the Steps. Before proceeding, a background on open defecation is given here.

What is a ZODP?

The Zero Open Defecation Program aims to motivate people practicing open defecation (OD) to abandon such practice and adopt sound sanitation practices through community wide initiatives that emanate from the grassroots level. The program aims to eliminate the practice of OD based on specific targets

and timelines (e.g., zero open defecation by 2016). The ZODP may be part of a broader intervention that includes other sanitation related programs and activities initiated at the municipal levels. For instance, ZODP may go hand-in-hand with programs such as the Disease Prevention, Control, and Surveillance Program. Specifically, ZODP may hope to achieve the following:

1. Establish a ZODP Local Action Committee within a particular timeframe (for example, within a week to a month of the baseline study);
2. Allocate funds for the implementation of the ZODP;
3. Adopt the ZODP strategies and activities beginning a specific time (for example, within 2-3 months from baseline study);
4. Attain a Zero Open Defecation LGU by the end of a specific period (to help determine targets and timeframe, the LGU can use the NSSP although LGUs can even target higher coverage within shorter timeframe. Other insights related to this are in Annex A).

Communities and LGUs are expected to work together although support from other agencies should also be extended in the context of capacity building of community members who have expressed their needs. This cooperation will enable them to achieve the sanitation goals they have set for themselves and for their community. The program builds upon the values of social solidarity and cooperation considering that sanitation is a shared concern that affects everyone within a particular

environment, whether they practice open defecation or not.

Tools

Results from the Baseline Study, LSSS, meetings, and software for recording and keeping data.

Key activities

- 1.1 Documents review (e.g., results from the baseline study, local sustainable sanitation plan, and NSSP);
- 1.2 Scheduling and conduct of meetings with resource persons, other LGUs that have already started implementing a ZODP, NGOs working on sanitation, sanitation professionals, school officials, and other private entities.
- 1.3 Seeking support/commitment from the LCE and other partners. If the idea of implementing ZODP is not widely accepted yet by others in the LGU, the core group may want to take a step back and seek the support of other partners so it can first present a good case.

Expected outcome

An appreciation of the “big picture” that includes the community’s key sanitation issues, aspirations and chosen strategies or interventions (as reflected in the LSSS); a good understanding of where the LGU is situated when it comes to open defecation; and an initial indication of support from the LGU officials and other partners.



Deciding on a Zero Open Defecation Program: The Polomolok Experience

The SuSEA baseline survey results of 2007 showed that 88% of households in Polomolok have access to sanitary facilities. The

12% who had no toilet facilities either used their neighbors’ toilets (40%) or that of their relatives who happened to live nearby (4%). Others would defecate in rivers and creeks (32%), in open fields or spaces (19%). Public toilets were utilized (3%) in areas where these were available. The wrap and throw method was also practiced and excreta was thrown either in rivers or creeks, in open fields or in neighbor’s toilets. Those without toilets have expressed knowledge of the importance of using toilet facilities. However, they articulated constraints (in building their own), which were mainly the lack of funds for construction (90%), as they were tenants and the land-owners did not allow them to undertake construction within the property (6%) and, lastly, toilets were not a priority expense (5%). The survey likewise showed that water was used by half of all households surveyed for anal cleaning after defecating.

The same survey had shown that acute gastroenteritis (AGE) was among the top three causes of morbidity in Polomolok for several years prior to the survey. In fact, seven days before the survey, an average of three persons in each household suffered from AGE. The results once again indicated that the practice of open defecation is linked to AGE incidence in communities. The protection of the health of people should then be a priority concern.

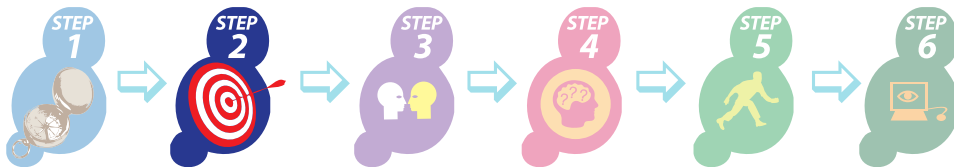
The Silway River is one of the major waterways in South Cotabato. It is not only of historical and cultural importance to South Cotabato but also of economic significance. Silway River drains into Sarangani Bay, which is a major spawning ground of tuna fish; tuna processing being a major industry in the province. It is then of paramount concern that the Silway River is protected. Studies have shown that the largest contribution to the pollution of Silway River comes from domestic sources (68%), particularly, household sewage and, most likely, from the practice of OD along the river system. Open defeca-

tion is known to contribute to the Biological Oxygen Demand (BOD) and fecal coliform levels in rivers. Results of water quality monitoring done from March to December 2009 under the SuSEA program yielded high values for fecal coliform. The dissolved oxygen readings were way above 5.0 mg/l (except for some depressions downstream of Silway in Polomolok), indicating that indeed there is fecal contamination of the river. Therefore, for both health and environmental reasons, Polomolok decided to stop the practice of open defecation through a ZODP.

The Local Sustainable Sanitation Plan (LSSP) for Polomolok incorporates strategic interventions to launch a municipality-wide campaign to eliminate the practice of open defecation and promote universal access to sanitary toilets. Other strategies identified in the plan

include provisions for the design and implementation of appropriate septage management at the household, community and municipality levels, and the implementation of an effective AGE control, prevention and surveillance program as well as hygiene promotion. Moreover, the LSSP for Polomolok aims to reduce the pollution load of Silway River partly through the elimination of the practice of open defecation, particularly because there are people who either defecate directly onto or throw their feces into the river. An investment and financing plan involving various sectors from the household to the local government unit as well as from national government agencies, NGOs, people's organizations and the business sector shall be tapped to finance activities under the plan. The LSSP shall provide an enabling environment for the ZODP.

Step 2: Determining target site and defining needs

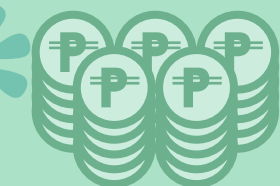


Description and objectives

The second step is to decide on the coverage and phasing of the ZODP (if implementation in phases or stages is necessary). The ideal approach is to cover the entire city/municipality all at once but an LGU should, of course, determine first if it has the capacity and resources to do so. Otherwise, it can identify priority areas through several criteria such as the gravity of open defecation or incidences of OD-related diseases such as STH infections or diarrheal

diseases, including AGE. The rest of the municipality/city can be covered by phases or upon availability of resources.

In this phase, the LGU needs to determine if it has all the necessary resources and the capacity to develop and implement a ZODP. The LGU can do this by looking at their local development plans and determining if there are specific programs (and budget) for sanitation efforts. If not, other budget sources can be tapped.



Problem on financing? Get some ideas here!

1. *Develop and implement fund-raising activities in your locality. This will also be the perfect opportunity to disseminate information about sustainable sanitation and encourage the private sector to lend a hand. Some activities that can be done are concerts, raffle draws, festivals, contests, and even selling of products or novelty items. The internet is also a good source of information. Try using a search engine (e.g. Google) and type “resource mobilization” or “fundraising” on the search fields.*

2. *Seek your LGU Council and/or LGU Executive’s support by requesting them to allot a certain portion of its internal budget to your sanitation program (or if this share already exists, request for augmentation). One possible (internal) source is the LGU’s tax revenues.*

Source: DOH Guidebook on Baseline Study, October 2010.

3. *Some development agencies assist LGUs in their sanitation programs. However, most of these agencies require a formal proposal as well as counterpart funding from program proponents. Funding proposals are also not automatically approved so it is best to consider the above two strategies first before considering this as an option. After all, the idea of sustainable development encourages self-reliance and creativity in resource mobilization.*

4. *In areas where there are already existing sanitation facilities, new projects (or enhancement of old projects) can be funded through the existing users’ fees.*

5. *Of course, banks, cooperatives and other lending institutions can also be approached. If a baseline is linked to an investment project, then it may be economically justifiable to secure loans provided that the rate of return will justify the cost of finance.*

It is important not to be overburdened or limited by a lack of resources. This concern should never stop an LGU from doing the best that it possibly can. There are many ways to mobilize resources. Of course, the most important approach is to incorporate sanitation in the LGU’s local development plans. In the absence of such a plan or budget line, other

ideas on financing are presented below. However, let it be reiterated: given that sanitation is a continuing and long-term need, LGUs should already incorporate the funding of sanitation programs in the annual development and investment plans.

Tools

Results from the baseline study, maps, prioritization tools, and inventory of resources.

Key Activities

- 2.1 Scheduling and conduct of meetings with interim ZODP Team members.
- 2.2 Determining the ZODP coverage areas given the LGU's population, challenges, and resources.
- 2.3 Determining availability and mobilizing of resources.

Expected Outcome

Statement/description of coverage and priority barangays (if the ZODP will be implemented in phases) and resource mobilization plan.



We initially targeted three barangays but we have added one more barangay during the CLTS training of the core groups.

Two sitios in each of the barangay were triggered. There is a concrete plan to have ZODP be implemented on a citywide scale as it was already introduced last month to the rest of the barangays (27 of them). This was complemented by a DOH Administrative Order, which advocated the use of CLTS as a strategy for achieving ZOD.

Dagupan City has a lot of pride being one of the pilot LGUs where CLTS had already been introduced and is aware of the imperative need for ZODP in order to reduce food and water borne diseases and protect our waters because they are critical components in enhancing and strengthening our aqua-culture industry. The initial parameters and indicators used in choosing the priority areas were number of households without sanitary toilets, the prevalence of AGE/diarrhea and STH, and

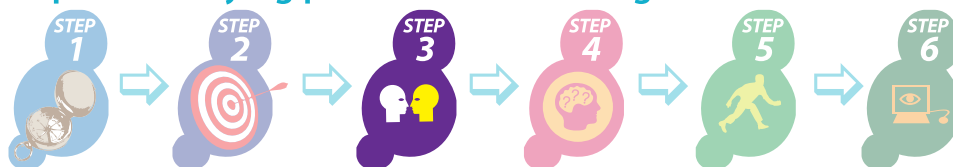
presence of informal settlers' areas.

There were no principal nor spontaneous "champions" in the sites, however, during the training of core groups and triggering, we had identified two potential champions. One is a Barangay Health Worker who is from a chosen site and at the same time a member of the city core group while the other one is a barangay council member. The key approach would still be a city initiative in terms of triggering and developing community champions and we are banking on our City Mayor who is known as a "no nonsense" leader when it comes to coming up with tangible results if committed to a certain program. We will try to cover the rest of Dagupan in terms of ZODP after the barangay election because there is still the political reality of communities following the programs that were embraced by their political leaders — but we would like to think that this kind of approach, when used in a positive way, can still be a facilitating factor in achieving ZODP.

Shared by **Dr. Leonard Carbonell**
of Dagupan City, Pangasinan



Step 3: Identifying partners and defining roles



Description and Objectives

The LGU can now decide on the ZODP Team or Local Action Committee members. Possible members of a ZODP Local Action Committee are shown below. The implementation of the ZODP can be coordinated and headed by the City Health Office although it does not have to be this way all the time. A Local Action Committee can be formed composed of all implementers that would include the CHO, the CHO Sanitary Inspectors, the Liga ng mga Barangay (previously called “Association of Barangay Captains”) and other stakeholders who can help ensure that all communities are covered. The ZODP Local Action Committee should meet on a regular basis and the schedule shall be determined by its members. The Committee may decide to designate sub-committees to perform specific functions. The ZODP facilitators should be reporting to the Committee or its sub-committees. Upon establishment of the ZODP Team or Local Action Committee, the members should define and agree on their roles and functions.

Table 3. Possible ZODP Team Members

Team Members	Number
Team Leader	1
Facilitators	2
Barangay Representatives (LGU level)	3*
Barangay Representatives and Volunteers (Household level)	3
CHO	1
Sanitary Inspectors	1

*Depending on the size of covered areas/barangays/puroks

Tools

Meetings, workshops, and organizational development exercises (optional).

Key Activities

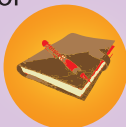
In most instances, the LGU may need to conduct partners consultation/s during this phase. This can be done especially if the ZODP Team or Local Action Committee that is being set up is composed of representatives from different sectors and institutions. This is also very important because it ensures that all stakeholders are adequately consulted and informed about the activity. This is also the perfect time to identify and discuss roles and responsibilities and

determine if there is additional staffing or manpower requirement. Additional insights on partners consultation are in Annex B.



Some important reminders in the conduct of partners consultation:

1. Prepare well. Make sure that the LGU has all the required materials and references for the consultation.
2. Tap/assign experienced facilitator/s who is/are knowledgeable on health and sanitation issues. If this is not possible, invite a resource speaker who can be requested to give an overview on sanitation and ZODP and to answer questions of participants.
3. It is best that the LCE is present or at least be around to give a simple speech or opening remarks.
4. Be open to ideas and suggestions. Having an open atmosphere creates camaraderie among participants; this is important in building solidarity and commitment to the overall sanitation program.
5. Record/document all proceedings. The importance of documenting all proceedings and meetings cannot be underestimated as the discussions will definitely be useful in the development of the plan for the ZODP (which is the next step).



The LGU needs to determine the most feasible and cost-efficient organizational set-up for the ZODP. Normally, a team with multisectoral membership is the best and most participative type of set-up but it can also be the most tedious and challenging because in this kind of arrangement, there will always be the need to build unity or consensus over wide disparities in opinions or perspectives. However, this set-up is encouraged because it is also the most empowering and fulfilling. It can also likely guarantee adequate sharing of resources particularly of manpower. However, hiring of staff or consultants will also prove beneficial as it will give you more time to focus on your other tasks. It really depends on factors such as (i) availability of local talent; (ii) willingness of project partners to contribute counterpart manpower; and (iii) extent of resources available.

A sample discussion of roles and functions is in Annex C.

Expected Outcome

Organizational set-up and structure with description of roles and responsibilities of the ZODP



Team or Local Action Committee.

The six LGUs that participated in the DOH and DENR-EMB Sustainable Sanitation Program (through the SuSEA Philippines Program) significantly benefited from the support of partners and stakeholders. For example, in Dagupan City, help came from the Lyceum-Northwestern University (LNU) while Polomolok was greatly assisted by a partner NGO, the Mahintana. Guiuan was assisted by enumerators from the NSO of Eastern Samar and Tacloban, while Alabel received assistance from their Barangay Health Workers (BHWs). Bauko was assisted by consultants from the NGO sector and DOH.

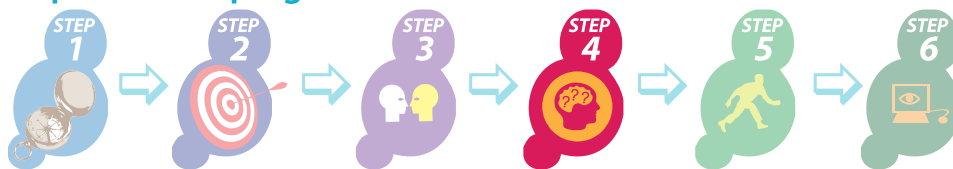


The members of our ZODP Steering Committee include the (i) Municipal Health Officer; (ii) Sanitary Inspectors; (iii) Municipal Planning and Development Coordinator; (iv) Ecological Solid Waste Management Officer; and the (v) Municipal Engineer. The Team was formed through a Memorandum Order issued by the Municipal Mayor.

The group was established through the series of meetings that were initiated by SuSEA. Later on, as we have become more aware of the Program, these meetings have already been and are still being organized by the Local Steering Committee. The personnel involved were at first hesitant because of the additional workload vis-à-vis limited personnel. However, the members are now showing strong interest and desire to implement the program.

Shared by **Engr. Ronnie Muno**
of Polomolok, South Cotabato.

Step 4: Developing the Plan for the ZODP



Description and Objectives

It is now time to develop the ZOD Plan. This is probably the most important document that the ZODP Team is going to develop (aside from its regular reports). The ZOD Plan will serve as the most important document as LGUs go through the ZODP process.

As mentioned earlier in the overview, this document should also show specific plans or strategies to cover the human and financial requirements of the ZODP.

The ZOD Plan normally contains the following information and sections:

1. Overview on ZODP
2. Objective/s of the ZODP
3. Programs and Activities
4. Human Resource Requirements
5. Roles and Responsibilities
6. Work and Financial Plan
6. Monitoring and Evaluation

The best way to develop the Plan is to hold a workshop and then assign each topic or section to the corresponding person/team who is assigned to that particular topic. After a first draft has been developed, the Team can schedule another workshop/writeshop so that the group can begin merging the different sections, discuss issues, and based on the outputs, begin working on the staffing requirement, budget, and timeline.

As previously mentioned, the documentation of all meetings is very crucial. The previous documentation will prove very useful in this phase.

After finalizing the document, the LGU can already schedule another meeting to present the Plan for the ZODP to its project

A sample financial estimate for the conduct of a ZODP is in Annex D.

Key Activities

- 4.1 Scheduling and conduct of preliminary meetings with ZODP Team members
- 4.2 Strategic planning-workshop
- 4.3 Writeshop and development of the Plan
- 4.4 Presentation of the Plan to Stakeholders

Expected Outcome

Plan for the Zero Open Defecation Program

How will the Presentation Meeting look like?

Below is a suggested program flow:

1. Introductory Session – this may include the welcome and open remarks and statement of the objectives of the meeting (30 minutes)
2. Presentation of the Plan for the ZODP (30 minutes to 1 hour)
3. Open Forum and Discussion (1 to 2 hours)
4. Closing Session (30 minutes)

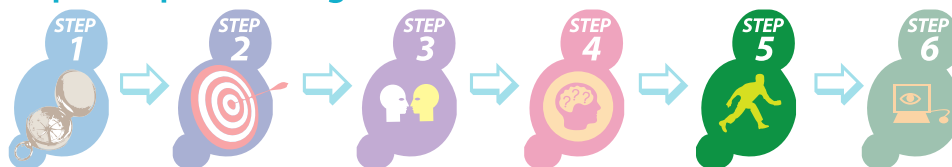
This meeting can also serve as the Launch or Kick-Off Activity of the ZODP.

The LGU can decide to have a symbolic “turning over” of the Plan from the Team to the Local Chief Executive and then the

LCE may also turn over another symbol to the Team to signal the start of the ZODP. It is up to the LGU to make this occasion memorable and enjoyable for all concerned!

partners and of course, to the LGU council. Again, it is best if the LCE is also present in this meeting. Be ready with suggestions and recommendations that may be raised during the presentation of the Plan.

Step 5: Implementing the actual ZODP



Description and Objectives

After the presentation of the Plan, the LGU is now ready to start implementing the ZODP. The following are the recommended activities under the ZODP: (1) Community-led Total Sanitation; (2) Capacity Building; and (3) Sanitation Marketing. Note that these are just suggested activities. The LGU still has the final decision on what to adopt or prioritize given their needs and resources. Before proceeding, it is best to discuss CLTS first as it is the core intervention of the ZODP. A definition is given here but one of the knowledge tools in this series, "Guidebook for Community-led Total Sanitation," should also be read, as it is an important companion to this Guidebook.



The CLTS model was developed in 1999 by Dr. Kamal Kar, a specialist in social and participatory development, with a partner non-governmental organization (NGO) of WaterAid Bangladesh – Village Education and Resource Centre (VERC). Central to the CLTS approach is the intent to restore the dignity of OD communities. Community-led Total Sanitation is an integrated approach to achieving and sustaining zero open defecation (ZOD) status. It utilizes participatory rural appraisal (PRA) methods in facilitating communities to assess their sanitation profile, analyze their defecation practices and its consequences, and plan for action to address the problem.

Source: DOH Guidebook for Community-led Total Sanitation, August 2010.

Key Activities

The ZODP activities are discussed below.

1. Community-led Total Sanitation (CLTS)

CLTS is the primary strategy being implemented under the program. Under the ZODP, CLTS may be complemented with other interventions that aim to enhance its effectiveness in instilling in people the desire to stop open defecation. The CLTS can cover households within a designated purok. Some vital aspects in each of the phases of the CLTS process are listed below. A more comprehensive discussion is provided in the Guidebook for CLTS.

The objective of the approach is behavioral change – a resolve to totally stop the unsanitary practice of OD, borne out of a collective realization of the terrible impact of OD on public health and the environment. CLTS is founded on the principle that communities can take responsibility and take action. Hence, it is fundamental in this approach that no hardware subsidy is offered and no latrine models are prescribed. Communities are encouraged to devise solutions within their means without any expectations of external financing support. The spirit of "bayanihan" is reawakened as households demonstrate social solidarity and cooperation in striving for ZOD status in their community. (Lifted from the DOH Guidebook for CLTS)

Again, it is important to visit the Guidebook for CLTS in order to have a fuller understanding of how CLTS works.

CLTS has four phases: (1) Pre-triggering; (2) Triggering; (3) Post-triggering; and (4) Scaling up. These phases are briefly discussed in the succeeding pages.

The **Pre-Triggering** stage is focused on conducting activities to identify and prepare a local community for the CLTS triggering. It consists of: (a) selecting a community; (b) introducing the team and building rapport; and (c) preparing for the triggering meeting. It normally takes between half a day to a week to complete the pre-triggering phase, depending on the conditions in the area. Critical activities include meeting the local leaders, visiting the site, and initial profiling and assessment of the community.

Triggering is the main intervention of the CLTS approach. It is the process of facilitating a local community's analysis of its own sanitation situation and profile, using participatory exercises and tools, with the objective of eliciting a realization of the adverse effects of open defecation and a decision to take action to stop the practice. The activity takes place in the community and normally lasts between three to five hours. A team of five to ten facilitators are involved in the conduct of this intervention.

Post-Triggering ensures sustained action in a triggered local community through follow up and monitoring of ZOD plan implementation. Participatory monitoring and evaluation is conducted as consistent with this community-led approach. The scheme is planned and executed by the community to monitor their progress. The post-triggering stage ends with the certification of the community as having achieved ZOD status.

Scaling up pertains to broadening the scope and spread of program implementation through institutionalization, thereby increasing the impact of the intervention. Efforts in this regard are primarily focused on the conduct of hands-on training for CLTS facilitators – a strategy that has proven to be effective in promoting the spread of the approach in many countries.

2. Capacity Building

2.1. Capacity Building of community members

The program offers opportunities for community empowerment through capacity building not only in relation to sanitation concerns but also to interventions that can help individual members develop skills, which could eventually be used to enhance the other aspects of their lives.

Capacity Building can be in the form of trainings or attendance in seminars, which can enhance people's status in the community. For instance, community members can be sponsored through either municipal or barangay sanitation funds to attend skills training for livelihood projects and the construction of toilets can be set as a prerequisite for attendance in such trainings. Such trainings or attendance in seminars can also enhance their capability for organizing, planning, and implementing their sanitation projects.

Community hands-on training on toilet or septic tank construction can also be done during actual construction of toilets in nearby communities. Other activities can include study tours to puroks that have attained ZOD. These activities can motivate the triggered puroks to learn lessons from the puroks who have gone through the experience and to see for themselves innovations in technology and techniques adopted by such ZOD puroks. It must be emphasized, however, that purok members should be allowed to be innovative and inventive as well as creative in designing their toilets. As much as possible, the people should be allowed to be their own "sanitation engineers."



In Amguo, Polomolok, for instance, one of the community leaders was proud to present his "invention" that consisted of home manufactured concrete pipes that he used to connect the toilets to septic tanks.

The concrete pipes he manufactured himself were less costly than the plastic ones that were normally used for the same purpose. These concrete pipes were eventually adopted by households in the community.

Capacity building should be inclusive and involve the women and the youth. The women and the youth can be mobilized to undertake community development activities, including sanitation.



One lady in Purok Koronadal Proper, Polomolok, had encouraged fellow women in her purok to take the initiative of building their own toilets during a focus group discussion on sanitation in her community. She told her neighbors not to wait for government subsidy, but rather to build their own toilets because, after all, they would be the ones to benefit from it. Such natural leaders within the community can be very effective sanitation champions and their leadership skills could be further honed through training.

2.2 Capacity building of CLTS facilitators

CLTS facilitators will be more effective if they undergo further skills training so they can hone their craft. Examples of skills training that CLTS facilitators could benefit from are:

- Interpersonal communication, particularly, behavioral change communication, and;
- Community organizing.

3. Sanitation Marketing

Through CLTS, it is expected that demand for sanitation technologies, hardware, and supplies will increase as people opt to build and use their own latrines. The sanitation marketing component of the ZODP addresses the supply side and ensures that appropriate and low-cost sanitation technologies are available and within reach of people who will demand for these. For example, scheduling the Sanitation Fair or SaniFair

to coincide with the presentation of community action plans during post-triggering would be an appropriate time because community members will be gathered together in one place to discuss their sanitation situations, plans, and concerns. Other venues for SaniFairs can be determined by the ZODP Local Action Committee.

Sanitation Marketing may include the following:

3.1. Partnerships between/among the LGU, private sanitation technology enterprises and Micro-Finance Institutions (MFI) for sanitation marketing schemes. The program may seek the involvement of private entrepreneurs of sanitation technology, hardware and supplies as well as masons, and toilet and septic tank builders. This is to allow easy access of community members to appropriate and affordable technologies that they may utilize in the construction of their own latrines should they decide to construct one. Enterprises may, in the name of corporate social responsibility, allow easy payment schemes to help financially challenged households to acquire materials for their toilets.



In a Sanitation Demand and Supply study conducted by SuSEA in General Santos City in 2010, at least four commercial establishments have acceded to engage in some credit and financing schemes to allow poor households to purchase their own sanitation facilities. This is in line with the LGU's septage management approach. Similar arrangements may be devised for other LGUs. Micro-finance institutions may also be invited along with entrepreneurs to address the sanitation financing needs of community members who prefer this option. Booths may be set up during the presentation of community action plans wherein various financing schemes that community members can avail of will be presented.



2.2 SaniFairs
“SaniFairs” are venues where sanitation technology booths and photo exhibits showing simple latrines may be set up during the day the triggered communities present their action plans. This would allow the communities to have access to information that could help them solve possible technical problems in setting up their latrines.

Technical assistance on sanitation technology should include techniques in securing a stable water supply in communities where this is essential. In Muslim communities, particularly, water is necessary because of strictly observed religious rituals that require washing not only after defecation but also at certain times of the day. Without knowledge of water supply sources, even the best sanitation technology options may not be adopted. (Note that this Knowledge Series also has a separate Guidebook for Onsite Sanitation Technologies.)

Tools

Workshops and trainings, Guidebook on Community-led Total Sanitation.

Expected Outcome

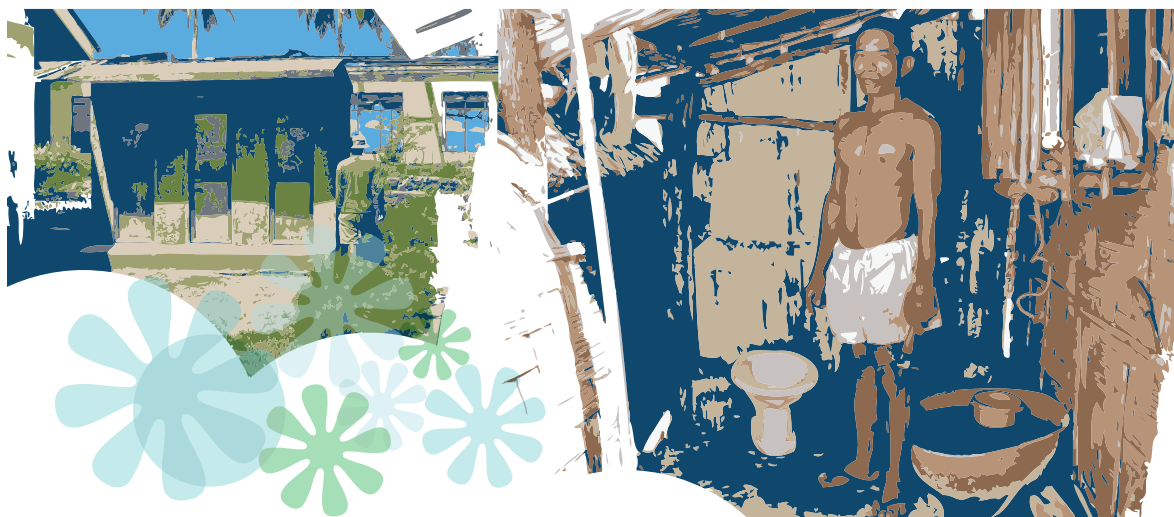
LGU/Communities declared as Zero Open Defecation Community/ies



The deeply-ingrained habit of open defecation is still a big challenge. We are also still contending with the reality that people still expect subsidies. About 80 to 90% of the target communities have already received assistance from donor agencies and the DOH. However, residents still continue to expect to receive subsidies every time we conduct CLTS (in the target barangays).

There was poor response from most of the communities (and individual households) at first but we gained hope on the deepening roles assumed by the officials (of the barangay councils), who eventually emerged as our champions and leaders in the communities.

Guidebook for a Zero Open Defecation Program



The geographic characteristics of some target barangays (particularly in coastal areas) also challenged us. We took it upon ourselves to seek solutions through the adoption of better designs of toilet facilities and closely coordinating with SuSEA for technical assistance. We still do post-CLTS visits and ask the residents how they feel about not having to go out (of the house) at night when defecating. Indeed, people are slowly realizing the joys and benefits of not having to openly defecate again.

*Shared by Dr. Marichu Flores
of Guiuan, Eastern Samar*

The engagement of local chief executives is also crucial. People often draw strength and inspiration from their local leaders so a ZODP approach works more efficiently if the local chief executives' presence is strongly visible and felt. Mayor Isidro Lumayag of Polomolok, South Cotabato, and Mayor Annaliza Kwan of Guiuan, Eastern Samar, share their experiences.

Difficult issues and how LGU Executives can face them

The dole-out mindset of people makes it difficult for implementers to implement the ZODP. As our LGU adopted the CLTS strategy, policy, people tend to slow down in



taking action toward the practice of zero open defecation. People are still expecting help from the government. I am inspired by the efforts shown by the people of Amguo, Landan, because despite their location (the sitio is among the farthest), the people still did their part in changing their behaviors and stopping the habit of open defecation. We will stick to the principles of the CLTS and ZODP because they do not only touch the sanitation infrastructure problem of households but also the attitude of our people.

We are confident that our LGU can achieve the goal Zero Open Defecation by 2016. We plan to regularly conduct evaluation of the triggered areas, radiate the CLTS activities to all puroks, train more CLTS facilitators from the group of CLTS champions, support all the programs initiated by SuSEA, and allocate funds every year—funds that will be utilized in our sanitation programs, projects, and activities.

The problem on open defecation is now a national issue. What an LGU can do is to start by doing small steps in implementing projects right in its own territory so that the other LGUs can be inspired and eventually do their part in implementing a ZODP. We all need initiators and always learn from successful ones. As we initiate, others eventually follow and

learn from us. We consider this the best achievement – when we inspire others to take action.

Shared by **Mayor Isidro Lumayag**
of Polomolok, South Cotabato



LGUs have a very crucial role in pushing for ZOD Philippines

Zero Open Defecation is one of the priorities of the local government unit of Guiuan because having “hanging toilets” (with the sea acting as the ‘septic tank’) and ‘open interior grounds’ as toilets is a rampant problem that we resolved to address together.

The Office of the Mayor, the Rural Health Unit, the barangay officials and health workers are all mandated to campaign for zero open defecation. We are engaged in information dissemination particularly on the health hazards of the practice of open defecation. A sanitation code was enacted by the Sangguniang Bayan to strengthen the sanitation program of the Municipality and ensure its sustainability.

It was difficult, at first, to implement ZODP because people have been used to having easy access to the ‘free toilets’ (the ‘toilets by the seas’ and the wilderness). We also need to understand that because of poverty, toilets are in the least of priorities of the people. That is why we also need to address this issue directly—by mobilizing resources that enabled us construct toilets particularly for those living along the shores. My office also allotted a budget of PHP1 million for sanitation particularly to help barangays in the ZOD Program.

The response of the barangays is very positive. They have also incorporated budgets for sanitation and part of that is being used to help their constituents who cannot afford to construct a toilet. The people in the communities also help each other by constructing their neighbors’ toilets in order to save on the cost of labor. Now, all barangays are implementing ZODP and some of them may have

even already achieved zero open defecation (although we still need to validate the field data).

Definitely, with continued support from the local government, the barangay government, and the community as a whole, our target of zero open defecation for Guiuan is achievable. Our local ordinance already provides that all households should have their own toilets.

It is now time that we take a look at our surroundings and the environment. The ‘ageing’ earth is now complaining. We feel the prob-



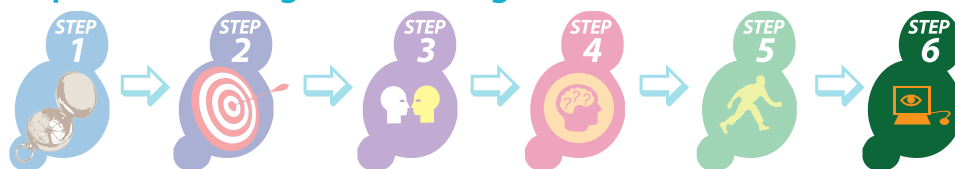
lems on the environment and the health of our people. The government should be part of the solution and play an active role in leading its people to solving environment and health concerns.

The local government units (provincial government/municipal government/barangay government), as the leaders, should initiate and be catalysts in opening the eyes of all constituents about the need for and the importance of having sanitary toilets as the first step in sanitation. LGUs should always make the first step because they are mandated by law to promote and protect the health and the general welfare of the people, among others.

Shared by **Mayor Annaliza Kwan**
of Guiuan, Eastern Samar



Step 6: Monitoring & Evaluating The ZODP



Description and Objectives

This phase is about keeping track of gains and challenges. The LGU can regularly monitor and evaluate results in relation to agreed parameters and the baseline data. The LGU can present the results from the monitoring and evaluation of the ZODP to the stakeholders including the LGU executives and partners.

The ZODP Team or Local Action Committee should be in charge of monitoring and evaluation of the ZOD Program. Personnel to conduct actual data collection can be designated by the Committee. Monitoring can be done on a quarterly basis. Data to be gathered during monitoring in relation to ZODP may include the following:

- Increase/decrease in the number

of households with access to toilets

- Decrease/eradication of OD areas/spots
- Increase in the number of communities that have achieved ZOD
- Number and range of natural leaders who have emerged
- Formulation of new /volunteer groups working together to achieve ZOD communities

To further illustrate in a simple manner, monitoring and evaluation (M&E) can focus on two aspects: measuring success in terms of physical progress (implementation of planned activities) and process (management and capacity building). Possible indicators can be illustrated in the following sample matrix:

Table 4. Sample Monitoring and Evaluation Matrix for ZODP.

What do we want to achieve?	How do we achieve it?	What to monitor to measure success?	What to monitor to measure success?
(Goal) (1)	(Strategy) (2)	(Indicators - Physical Progress) (3)	(Indicators - Process) (4)
Improved health of the population through reduced incidence or prevalence of STH and diarrheal diseases, including AGE.	Zero Open Defecation Program <i>Note: ZODP may complement other programs/interventions such as Water Quality Monitoring Area, Local Sustainable Sanitation Promotion Program, Disease Prevention, Control and Surveillance Program, etc. This matrix is intended to serve as guide only when developing an M&E system and parameters for ZODP and should not be considered as a final or absolute guideline.</i>	<ul style="list-style-type: none"> - Increase in households with latrines/toilets - Decrease/eradication of OD areas/spots - The increase in the use of different models of latrines - Increase in the use of non-conventional materials for latrines - Increase in the number of ZOD communities - Reduction in incidences in STH, and diarrheal diseases, including AGE - Decreasing health expenditure - Fewer flies in the community 	<ul style="list-style-type: none"> - Number and range of natural leaders who emerge, from women, men, youth, and others - Volunteers, traditional midwives, and others becoming active - Better off people coming forward to help those who are weaker and poorer - Formation of new groups - Revival of traditional communal cooperation groups - New sanitation-related slogans, songs and poems and other information, education, and communication (IEC) material

Again, this Knowledge Series comes with a Guidebook for Monitoring and Evaluation so it should also be visited in order to develop an M&E system unique to the needs and circumstances of the LGU.

Regular and systematic monitoring helps in refining the program strategies and activities, thereby, enhancing their effectiveness. Data gathering for monitoring can be done by the barangay sanitation volunteers (BSVs) and reported to the respective barangay chairman who, in turn, can report such information during the regular meetings of the ZODP Local Action Committee.

The ZODP may be deemed successful once all the barangays within an LGU have achieved ZOD and successfully shown positive results in relation to other targets such as improved health status. For example, to approximate impacts of the program, “before” and “after” program data on AGE and STH incidence in the barangay based on health center statistics can be compared. A survey of sample households in selected ZOD declared barangays within the LGU may be done also, perhaps six months after the ZOD recognition, to

determine changes in the quality of life as brought about by turning ZOD. More insights on monitoring and evaluation are in Annex E.

Tools

Evaluation and monitoring tools and software, IEC material (optional)

Expected Outcome







Evaluation and Monitoring Reports

The LGU may decide to develop communication materials which may focus on the more relevant themes that the public may find very useful. For example, if the community’s key concern is the wide practice of open defecation, the communication materials can highlight the effect of open defecation to the health, growth, and aspirations of their children. This way, it will be easier to draw the support of the constituents when it is time to implement or enhance the LGU’s ZOD program. A Guidebook for a Local Sustainable Sanitation Program is part of this Knowledge Series and may serve as a very useful reference.

Table 5. Example of monitoring data on access to toilets.

**Guiuan Municipality
ACCESS TO TOILET FACILITIES OF PRIORITY BARANGAYS (Raw Data) BASELINE DATA (2007)**

Legend:

-  Barangays where all households now have complete access to toilets.
-  Barangays where the number of households who have access to toilets have increased compared with 2007 data.
-  Barangay where the number of households who have access to toilets have decreased compared with 2007 data. Note, however, that population also increased in these barangays.
-  Barangays where the number of households who have and who do not have access to toilets have increased compared with 2007 data.
-  Barangays where population had increased compared with 2007 and 2008 data.
-  Barangays where population had increased compared with 2007 data but decreased compared with 2008 data.

BARANGAYS	Pop.	No. of HHs	W/ Access	W/o Access	
Brgy. 03	328	58	41	17	
Brgy. 06	1,110	259	35	224	
Brgy. 08	1,976	382	320	62	
Brgy. Barbo	563	129	75	54	
Brgy. Bungtod	965	190	73	117	
Brgy. Dalaragan	263	73	19	54	
Brgy. Inapulangan	708	144	94	50	
Brgy. Ngolos	978	212	55	157	
Brgy. San Juan	478	113	33	80	
Brgy. Tagporo	393	75	58	17	
Brgy. Taytay	808	164	94	70	
Victory Island	611	101	12	89	

Guidebook for a Zero Open Defecation Program

**Sample monitoring results
(access to toilets)**

The matrix below shows an example of real monitoring data in one of the SuSEA sites.

The data below are still subject to validation and testing so due caution should be exercised in interpretation. This sample matrix illustrates an example of how an LGU can monitor and show progress in relation to increasing access to toilets, on the assumption that barangays/communities where all the households have access to toilets are possible candidates for ZOD Communities. However, such data should still be used in relation to other indicators/parameters which have been agreed upon in the LGU level during its formulation of its LSSS and system for monitoring and evaluation.

Based on these sample (initial) data from Guiuan, it is possible that Barangays 03 (with population of 324 in 2009), Dalaragan (with pop. of 318 in 2009), and Tagporo (with pop. of 430 in 2009) have high potential of being declared as ZOD Communities.

Again, more insights on monitoring and evaluation are in Annex E.

**Note:**

"Access to toilet" per se is not encouraged to be the sole determinant in measuring the success of a ZODP approach. The ZODP is better integrated with other interventions and, therefore, assumes that increasing access to toilet should go side-by-side with improvements in sanitation behavior, health conditions, policy environment, public-private sector investment, and other determinants.

Raw Data as of 15 September 2010

2008					2009				
	Pop.	No. of HHS	W/ Access	W/o Access	Pop.	No. of HHs	W/ Access	W/o Access	
	328	71	57	14	324	68	68	0	Possible Candidate for ZOD Community
	1,460	318	17	301	1,827	334	18	316	
	1,972	382	320	62	1,987	522	480	42	
	612	129	75	54	565	137	480	34	
	977	185	76	109	970	193	480	93	
	255	72	21	51	318	75	75	0	Possible Candidate for ZOD Community
	707	144	94	50	721	162	105	57	
	1,003	212	55	157	1,023	211	92	119	
	432	113	33	80	481	107	39	70	
	420	71	71	0	430	73	73	0	Possible Candidate for ZOD Community
	825	160	97	63	847	175	133	42	
	694	110	32	78	742	124	41	83	

ANNEX A

Insights on Targeting

Targeting defined

Targeting, loosely defined, is the process through which institutions, development practitioners, and program managers select specific targets (e.g. beneficiaries, audience, buyers, consumers, etc.) for 'customized' programs, interventions, marketing strategies, etc. so that the best or most appropriate returns/benefits/responses are realized vis-à-vis resources, capabilities and limitations. For example, in poverty alleviation strategies, targeting "refers to concentrating the poverty reduction programme's resources on the poor or most vulnerable sectors."²

According to Lavalley (2010), "targeting is geared to the challenges of poverty alleviation in two ways: (1) it allows for programmes to be put in place that are specifically designed to meet the needs of the poor; and (2) it offers a more efficient use of resources than a universal policy by concentrating the resources among the poor."

Putting such definitions and insights in the context of sustainable sanitation and ZODP, targeting can be seen as a helpful tool in determining priority provinces, cities, and municipalities in the national level and priority communities and households in the local levels.

It is necessary to go through the targeting exercise because it is a very important 'yardstick' in the measurement of progress and success later on. Caution should be exercised so that communities will not simply 'obsess over the numbers' but also take into serious consideration the deeper dimensions such as the need for behavior change, enabling policy environment, and promotion and enhancement of community partnerships. While numbers are good indicators, the story behind the numbers should also be adequately analyzed.

Targeting and its limitations

However, as with all development tools, targeting should not be seen as a perfect tool. Realities can sometimes make it difficult to guarantee accurate or near-accurate targeting while the targeting exercise itself costs a significant amount of resources. These factors should be considered when targeting.

It is also important to heed the reflections and advice of Kar and Bongartz (2006) about target driven push for CLTS (and to some extent, even ZODP) --

Communities are victims of target driven push for CLTS: Government's target of 100% sanitation coverage by 2010 is both a blessing and a curse. While the Government of Bangladesh initiative on a national sanitation strategy is good in that it highlights

sanitation, it introduces the real risk of failing to create household demand and facilitate a community driven process. The target driven approach is leading to a rush to declare the Unions, Upazillas (UPs) or Districts 'Totally Open Defecation Free (ODF)' in order to obtain the reward for UPs that reach ODF status. Often in the villages, communities are informed by the UNO (Upazilla Nirbahi Officer) and Upazilla administration to construct latrines within a stipulated time, failing which, households having means of constructing toilets would be fined up to Tk 2,000.³

Source: Kamal Kar and Petra Bongartz, Update on Some Recent Developments on CTLS, Institute of Development Studies, Sussex, England, April 2006.

Targeting ZODP vis-à-vis poverty indices/data

Poverty data and statistics are very useful in policy formulation and program targeting. For instance, the government uses poverty statistics to identify the poorest municipalities and from there, the beneficiaries of poverty reduction programs.

The same principle can be used in targeting for ZODP implementation. The LGUs can look at the poverty incidence in its locality and based on this data, develop certain sets of criteria at the community/household level, which can help determine the severity of open defecation at the LGU level. However, LGUs should not assume that the poor solely exist in localities where the poverty incidence is high. Even communities with relatively low poverty incidence can still have households who still do not have access to sanitary toilets or practice open defecation.

It is also important to use combined methodologies in targeting beneficiaries. For instance cash and in-kind transfers can be targeted by means tests, proxy means tests, nutritional status or risk factors, geographic area, demographic characteristic, or self-selection.⁵ For a single program to use a number of methods is common. For example, first using geographic targeting to identify poor areas and then proxy means testing to identify beneficiary households. This combined approach usually yields better targeting than the use of a single method.⁶

LGUs should also exercise care in targeting only households that do not have sanitation facilities because such an approach can be seen as a 'disincentive' particularly in poor households that have already begun adopting improved sanitation practices or even built basic latrine-type of toilets. This can be particularly challenging in the Philippine context because, here, the culture of mendicancy (begging), understandably, still remains

in many communities. For how can one person strive to rely on one's efforts to build his own toilet if he sees that his neighbors are getting theirs for free, anyway?

Therefore, any intervention that seeks to provide incentives or financing should promote good practices and behavior in poor households and communities in the long term and not encourage short-term cash-heavy interventions that further degrade an individual's or even a community's self-esteem.

Development interventions also rely on the concept of "deserving poor."⁷ In simple terms, it is about providing support to those who are also demonstrating a certain level of self-reliance, doing something worthwhile and concrete for the health and education of their children and even willingness to pay. Clearly, this approach can be adopted by LGUs by targeting poor households who have already or are showing willingness to invest in better sanitation facilities or have obviously been 'transformed' after the CLTS triggering.

How can LGUs determine targets in the context of ZODP?

This is certainly a process that needs more exhaustive research and analysis so the insights here are basic assumptions only. The following principles can serve as guide when targeting:

- (1) In a broad stroke, the NSSP and the DOH Administrative Order 2010-0021 serve as good targeting guides (60% of all barangays should already achieve zero open defecation by 2016; and all barangays should achieve zero open defecation by 2022.)
- (2) The LGU can identify variables for determining priority barangays or households (examples are incidences of STH and diarrheal diseases, including AGE, morbidity/mortality related to STH/diarrheal diseases; access to improved sanitation; population density, etc.)
- (3) The LGU can also rely on poverty incidence/indices [for example, an LGU can target ZOD if its municipality/city is in the midpoint rate of 1 dollar a day provincial poverty incidence,⁸ or through poverty ranking based on small area estimates⁹ (to determine target municipalities and eventually the eligible households), or even through the 20 poorest provinces based on the 2006 Family Income and Expenditures Survey of the National Statistics Office].¹⁰ However, caution should still be exercised because provinces may not be included in the

20 poorest but that certain municipalities/communities/households there can still be candidates for urgent ZODP interventions.

- (4) The LGU can refer to the Department of Social Welfare and Development's definition for "Eligible Households". For example, "eligible households" are (i) residents of the municipalities and barangays identified as areas of implementation of the 4Ps¹¹ (Pantawid Pamilyang Pilipino Program); (ii) selected through the statistical formula such as the Proxy Means Test¹² (developed for the program); (iii) belong to the extremely poor household classification as defined by the poverty threshold of the municipality/province based on the issuance of the National Statistical and Coordination Board (NSCB) at the time of selection; and (iv) households with children 0 - 14 years old or with pregnant woman at the time of selection.

The overall guiding principle in targeting should still be integration and complementation of programs and interventions. Targeting for zero open defecation in poor or priority communities will not really lead to tangible and long-lasting solutions if the approach does not take into consideration the need for holistic health and environmental integrity, community engagement and capacity building, and an enabling policy environment. More importantly, if support and financing are to be generated, the interventions should eventually aim for low to zero subsidy in the long term because, to begin with, the CLTS approach hopes to "stimulate household investment in sanitation through a no-subsidy approach: people are encouraged to use low-cost, locally-available materials to design and construct latrines."¹⁴

At the end of the day, a ZODP is best measured in how it restores not only the wellness but the dignity of a person leading to genuine transformation in all levels of society—from the individual to the household, and eventually, community to the regional and national levels.

⁷Targeting is still a widely-contested tool because some practitioners believe that this is 'top-down' in approach. [See Amartya Sen, "The Political Economy of Targeting," in Dominique van de Walle and Kimberly Nead, eds., *Public Spending and the Poor: Theory and Evidence* (Baltimore and London: The Johns Hopkins University Press for the World Bank, 1995), p. 11-24. Margareta Sköld, "Poverty and Health: Who Lives, Who Dies, Who Cares"

("Macroeconomics, Health and Development Series," World Health Organization, April 1998), pp. 21-22]. However, for the sake of programming, it can still be a useful tool. D. Gwatkin said that, "In principle, the efficiency of poverty-oriented social programs can be increased dramatically through 'targeting' -- an infelicitous term applied to efforts to focus development programs more directly on the poor. By one widely-cited estimate, a set of 'perfectly targeted' programs -- that is, programs whose benefits reach all the poor and only the poor -- could eliminate poverty at less than 10% the cost of development programs that do not discriminate between poor and rich. But that is in theory. What about reality? And what about health, rather than general development? How much of an improvement can be expected from a vigorous effort to target health activities so that the greatest possible benefit goes to the poor? No knowledgeable advocate of targeting, no matter how enthusiastic, would claim that the maximum attainable gain from targeting comes anywhere close to the theoretical maximum referred to above. But a measure does not have to be ideal in order to be worthwhile, and this raises the possibility that targeting might still have much to offer..." For more reading, read Davidson Gwatkin's, *Targeting Health Programs to Reach the Poor*, February 2000.

² Lavalley, E., *Poverty Alleviation Policy Targeting: A Review of Experiences in Developing Countries*, Universite Paris Dauphine, 2010.

³ Equivalent to about USD28.65.

⁴ Direct cash transfers normally involve payment of money to targeted individuals or households regularly or on an ad-hoc basis. Transfers in kind normally involve the offering of free meals, nutritional supplements or food stamps, healthcare, registration fee waivers, etc. to targeted population.

⁵ Robinson, A., *Sanitation Finance in Rural Cambodia*, Asian Development Bank - Water and Sanitation Program (World Bank), May 2010.

⁶ Ibid.

⁷ Robinson, page 9.

⁸ Poverty is measured using different methodologies and one of these methodologies is based on measuring poverty through the international poverty line of \$1 per day. In 1990 the proportion of the Philippine population living on less than \$1 per day purchasing power parity (PPP) was 18.3%. By 2003 this headcount had fallen to 11.1%. The proportion of the population living on less than \$2 per day was a great deal higher, at 44.1% in 2003. The international poverty line is sometimes misre-



ported in the Philippine press (as it is elsewhere) as the current equivalent of \$1 per day. Such a poverty line would result in a far higher poverty incidence (about 45% of the population in 2000). In 2003 the PPP exchange rate for \$1 was P12.30, up from P11.20 in 2000 and P9.25 in 1997. (Mostly lifted from *Poverty in the Philippines: Income, Assets and Access*, Asian Development Bank, January 2005.)

⁹ For more information, please visit <http://www.nscb.gov.ph/poverty/default.asp>

¹⁰ For more information, please visit, <http://www.census.gov.ph/data/pressrelease/2007/ie06tx.html>

Pantawid Pamilya Pilipino Program (4Ps) is a poverty reduction and social development strategy that provides conditional cash grants to extremely poor households to improve their health, nutrition and education particularly of children aged 0-14. (Lifted from the DSWD website)

¹¹ Proxy means tests use easy to observe household characteristics (such as housing quality, ownership of durable goods, demographic structure and education) as substitutes for measures of income or wealth.

¹² For more information, please visit www.nscb.gov.ph/poverty/sae/NSCB_LocalPovertyPhilippines.pdf

¹³ <http://www.communityledtotalsanitation.org>

ANNEX B

Partners Consultation as a Tool in Program Planning and Implementation

Why the need for partners consultation?

Partners consultation gives you and your partners opportunities to discuss ways on how to maximize benefits from everyone's experiences and feedback. The consultation will also take into account the impact of your activity (or program) to the community.

This is also a good venue where you can identify the potential players and stakeholders in your activity, discuss with them their likely roles, organize them, and prepare them to participate proactively in your planned program.

What does a consultation framework look like?

Your consultation will most likely involve the following:

1. Consulting the voluntary and community sector stakeholders on all issues likely to affect them.
2. Consulting at the earliest opportunity. Involving the voluntary and community sector in the early stages of policy making.
3. Considering availability of resources to allow partners to engage in the consultation process. Remember that everyone's contribution is important.
4. Adhering to the consultation timeframe, i.e., a minimum of 4 weeks for responses to be given (timing will also depend on the extent of work or areas of coverage involved).
5. Preparation of consultation documents that are clear, concise, and in simple language (it is better to use the local language/dialect).

6. Analysis of the responses received and giving appropriate feedback, showing in clear terms the impact of consultation on the programs/activities to be implemented.
7. Evaluation of all consultations undertaken with a frame of mind to develop and spread good or best practices.

What are the expected roles from the partners?

Partners consultation is a gathering of minds and efforts; everyone is expected to do or contribute something to make the partnership meaningful and effective. The following are just some of the expected roles and contributions.

1. Use/contribution of available infrastructure and facilities to hold the consultation processes of partners, subject to suitable resources being made available.
2. Direct consultation with users, volunteers, members and supporters, clearly indicating that their responses, local knowledge and expertise will enrich the process and, therefore, contribute to the success of the planned activity/program.
3. Ensuring that the consultation is managed in an objective and unbiased manner and will reflect all the correct information gained and consensus generated.
4. In some instances, some people/stakeholders will request confidentiality on the information being given so it is the organizer's duty to ensure utmost respect to privacy or confidentiality during the process as well as during sharing of feedback and findings.



5. Exercise good judgment and harmonious interaction with everyone involved. Conflicts and dissenting opinions may be unavoidable so it is always wise to involve experienced facilitators during the exercises.

What are the methods to be used in partners consultations?

There are many ways through which you can conduct your partners consultation. There is no 'perfect' formula. Partners need to consider the needs of those to be consulted and apply the most appropriate method. In addition to the tried and tested methods of distributing questionnaires, focused group discussions or barangay forums, other modes can still be considered.

Using more than one method is usually a good idea. Whenever possible, a consultation should start with a background session on the activity/program to be implemented, outlining in short presentations what are required and who are expected to be involved. The timelines and contact persons or institutions should be made available.

An open forum or question and answer (Q&A) session should always follow. Always avoid the Yes/No format of questioning. Honesty and openness should be promoted at every opportunity. Stakeholders should be encouraged to offer all their views and be given details of how and when feedback will be given.

Who should be consulted?

The easy answer is to say that all stakeholders who are expected to benefit or work for the program or activity you are envisioning should be consulted. For example, if you are conducting a ZOD Program, you may wish to involve all government offices and NGOs involved in health, sanitation and environment, as well as private sector service providers such as water utilities, hospitals, and even scientists/technical consultants.

Consultations need to be relevant to the stakeholders in the community so it is probably wise to publicize forthcoming consultations widely and seek the help of local groups in identifying potential partners.

Note: This sample checklist is developed by the Technical Writers of this Guidebook but relied on the following materials: Community Consultation in the Planning and Development Process (<http://www.efcl.org/Portals/0/OtherSource/CCGuide/index.html>), Compact Consultation: A Local Code of Good Practice (www.smcvs.co.uk/guidelines_on_consulting_cod.pdf), and Citizens as Partners: Information, and Consultation and Public Participation in Policy-Making (OECD Publishing).

ANNEX C

A Sample Discussion of Roles and Functions of the ZODP Local Action Committee Members

The Polomolok Experience

The implementation of ZODP in Polomolok shall be coordinated and headed by the Municipal Health Office (MHO). A Steering Committee shall be formed, composed of all implementers that would include the MPDC (Municipal Planning and Development Coordinator), the MPDC CLTS core team, the MHO, the MHO Sanitary Inspectors, the Association of Barangay Captains (or Liga ng mga Barangay) of Polomolok as well as the tribal chieftains in puroks with IP (Indigenous Peoples) groups to ensure that all concerned communities are covered. Because of the contribution of other barangays outside of Polomolok to the water quality of the Silway River, heads of these barangays and the tribal chieftains in puroks identified to be part of the municipalities of Tupi and T'Boli, shall be invited as program partners and to attend meetings of the ZODP Steering Committee, whenever activities are to be conducted within their areas of jurisdiction and other meetings that will require their presence. The local chief executives as well as tribal chieftains of IP groups in Tupi and T'Boli shall be duly informed and their consent sought for the participation of their constituent barangays. The ZODP Steering Committee will meet on a regular basis; the schedule shall be determined by its members. The Committee may decide to designate sub-committees to perform specific functions. The Barangay Sanitation Volunteers (BSVs) shall be reporting to the Committee or a sub-committee thereof. The Committee's functions shall be as follows:

- Identifies puroks for triggering and schedules the triggering of the same puroks as well as all activities relevant to the program. The various barangay captains will be responsible for

informing the purok chair concerned about the necessary preparations needed for the triggering such as selection of venue for the triggering exercise as well as informing and gathering people in the purok to participate in the triggering activities. The Committee determines which purok to cover in one batch for triggering as well as subsequent triggering schedules.

- Provides technical and other support to facilitate the action plans of the triggered puroks and ensure their attainment of ZOD status as planned.
- Undertakes an assessment of triggered puroks, covering both puroks that had turned ZOD and puroks that had not, in terms of what went well, what did not go well and, what had facilitated or hindered achievement of ZOD status.
- Is responsible for identifying means to evaluate puroks that have declared ZOD status and a system with which to recognize puroks that have indeed turned ZOD as well as the appropriate occasion and venue for the declaration.
- Takes charge of monitoring and evaluation of the ZODP
- Coordinates with the Water Quality Management Area (WQMA) Task Force for water quality monitoring data and information
- Coordinates with the Rural Health Unit (RHU) for AGE and STH data
- Coordinates with provincial DOH personnel regarding ZODP implementation activities
- Identifies opportunities to link up with other programs and incorporate sanitation concerns

in other programs such as Gawad Kalinga, Habitat for Humanity, livelihood programs, and others. The ZODP shall, likewise, link up with other agencies or organizations in both government and non-government to jointly implement sanitation programs such as the Department of Education, Department of Public Works and Highways, private foundations and other academic/research institutions within Polomolok.

- Organizes, trains, and supervises the Barangay Sanitation Volunteers (BSVs). The BSVs are volunteers from the communities recruited by the Committee to serve as CLTS facilitators and to follow up on the progress of community activities based on their ZOD action plans. The BSVs undergo orientation and training on ZODP and CLTS before they undertake community activities to support the ZODP. They will also attend other training and seminars to upgrade their skills, knowledge and attitudes on community mobilization, facilitation, and other effective tools on community participation and development. Unlike the sanitary inspectors, The BSVs have no regulatory functions. In recruiting and identifying potential BSVs, the following competencies and characteristics are considered:
 - Leadership and interpersonal skills - ability to build and motivate people to take action given a common goal
 - Community mobilization - ability to build and encourage common interests among community members
 - Influencing skills, resourcefulness, and creativity in using strategies to motivate community members to abandon the practice of OD

The BSVs shall have the following functions:

- Serve as a member of a team of CLTS facilitators to do triggering in communities other than their own.
- Conduct community assessment in their respective barangays.
- Follow up on the progress of the community action plan of their respective community to determine status of ZODP implementation and identify possible areas for capacity building for the community and other requirements towards completion of the action plan. The follow up activities are suggested to commence within the first week after triggering and subsequent follow-up visits will depend on the community's response to triggering. Weekly visits may be done for communities with a more positive response to hasten achievement of ZOD while more intensive follow-up activities may be done for communities with a less enthusiastic response. Non-activity one month after triggering may be an indicator that the community is not yet ready to achieve ZOD.
- Identify puroks that need more intensive house-to-house follow-up. Previous experiences with CLTS have shown that going from house to house could be a method of intensifying efforts to motivate people to turn ZOD.
- Identify puroks that need more intensive house-to-



house follow-up. Previous experiences with CLTS have shown that going from house to house could be a method of intensifying efforts to motivate people to turn ZOD.

- Identify puroks that have

achieved ZOD.

- Devise and recommend to the ZODP Local Action Committee strategies for more effective CLTS.
- Report regularly to the ZODP Local Action Committee.

ANNEX D

Estimated Costs (in Philippine Pesos) for Developing and Implementing a ZODP Assumptions for an LGU with 50 barangays

1. CLTS Activities in Target Barangays

Particulars	No. of pax	Cost/day/pax	No. of days
A. Community assessment			
Meals and local travel costs of Barangay Sanitation Volunteers			
Transportation	100	150.00	3
Meals	100	200.00	3
(Assuming 2 BSVs per barangay x 50 barangays)			
B. Triggering and presentation of plans*			
Transportation of CLTS facilitators to target areas	5	200	25
Meals of CLTS facilitators	5	200	25
Meals, presentation of plans of community leaders**	100	200	1
Transportation of community leaders	100	100	1
2. Capacity Building			
Lodging, meals and local travel costs	No. of pax	Cost/day/pax	No. of days
Training, board and Lodging***	100	1,500.00	5
Transportation	100	500.00	2
3. Sanitation Marketing	No. of pax	Cost/day/pax	No. of days
Meetings	1000	150.00	1
Materials, tarpaulins, etc.			
Transportation During Field Visits, Demonstrations****	500	300	1
Hardware (to be shouldered by entrepreneurs)			
TOTAL			

Note:

Assuming that 25 facilitators are to be trained to cover 50 barangays.

Local travel cost of participants from their respective towns/cities to the training venue not included

Contingencies and miscellaneous costs not included

*Target puroks will be grouped into 10 puroks/week for a total of 5 groups for presentation of plans by natural leaders

** Assuming 2 natural leaders per barangay

***Live-in training, combination of community members and ZODP facilitators. This can be divided into several batches

Includes travel cost for study and observation tours to nearby towns, municipalities or provinces

****Assuming 10 pax x 50 barangays = 500

	Total Cost	Supplies, handouts (per person)	Documentation	Total Cost
	45,000.00			45,000.00
	60,000.00	100.00		70,000.00
		Sub-total		115,000.00
	25,000.00	100	5000	30,500.00
	25,000.00			25,000.00
	20,000.00	50		25,000.00
	10,000.00			10,000.00
		Sub-Total		90,500.00
	Total Cost	Supplies, handouts (per person)	Documentation	Total Cost
	750,000.00	100.00	1,500.00	767,500.00
	100,000.00			100,000.00
		Sub-total		867,500.00
	Total Cost	Supplies, handouts	Documentation	Total Cost
	150,000.00			150,000.00
		25,000	5,000	30,000.00
	150,000.00			150,000.00
				0
		Sub-total		330,000.00
				1,403,000.00

ANNEX E

Insights on Monitoring and Evaluation

Monitoring systems provide a rapid and continuous assessment of what is happening. Monitoring is primarily needed at the implementation (project) level to show whether:

- Inputs (investments, activities, decisions) are being made as planned;
- Inputs are leading to expected outputs (latrines built, behaviors changed); and
- Inputs are being made within the agreed vision and rules.

Monitoring and evaluation enable programmers to see whether things are happening on the ground as planned and whether activities are resulting in the expected outcomes. Results from both monitoring and evaluation are needed as inputs to the ongoing programming process.

While evaluations can be handled on a periodic basis, monitoring systems are needed to generate regular reliable datasets which can provide a picture of what is happening in real time and over time. As a general rule the monitoring system should be:

- **Simple** – providing just enough information for decisions to be taken;
- **Decentralized** - operating at the lowest appropriate level and providing information where it is needed to make necessary decisions;
- **Responsive** – providing information where it is needed in real time;
- **Transparent** – providing access to information both upwards and downwards; and
- **Relevant** – based on the vision and objectives of the program.

There is some truth in the saying that “what gets monitored, gets done” – the design of the moni-

toring system could have a profound effect on how well the program is actually implemented. For this reason, key outcomes and activities must be monitored.

Consistent with the community empowering approach of CLTS, the community should plan and execute its own monitoring scheme. Participatory M&E provides no formula, blueprint, or guidelines but establishes a clear set of objectives and indicators for success or failure. Mechanisms for learning, correction, and adjustment are built into the process.

Monitoring and Sustaining ZOD Status

Verification entails inspection to assess whether a community has achieved ZOD while certification is the confirmation and official recognition of the status. Communities undergo a rigid process of ensuring ZOD status. Aside from established progress and success indicators, other verification activities have been deemed effective, including, among others, visits to former OD sites, dawn or after-dark check-ups, latrine inspections, and following animals that eat feces or tae.

This strict validation is being conducted to guard against cases of deception where communities seek certification (although not yet having attained ZOD) to avail of incentives linked to the status.

Other measures include:

- Revolving membership of verification and certification;
- Conducting surprise visits;
- Undertaking more than one check up visit;
- Requiring all members of the committee to sign up any verification and certification; and
- Not granting official certification unless ZOD status has been sustained for six months.



Mechanisms for rewards and incentives promote CLTS. Philippine experience has shown the effectiveness of non-monetary rewards in driving communities to achieve ZOD status. Some examples are programs such as:

- Putting up a signage at the entrance of a community declaring it to be a ZOD area
- Becoming a site of Lakbay Aral (model of good practice)
- Recognition of every household constructing toilet facility through the local radio station
- Nomination for the National Search for Barangay with Best Sanitation Practices
- Grant of a token of appreciation from the National Government

Sustainability of ZOD is indicated by a general trend of the community to go up the sanitation ladder.

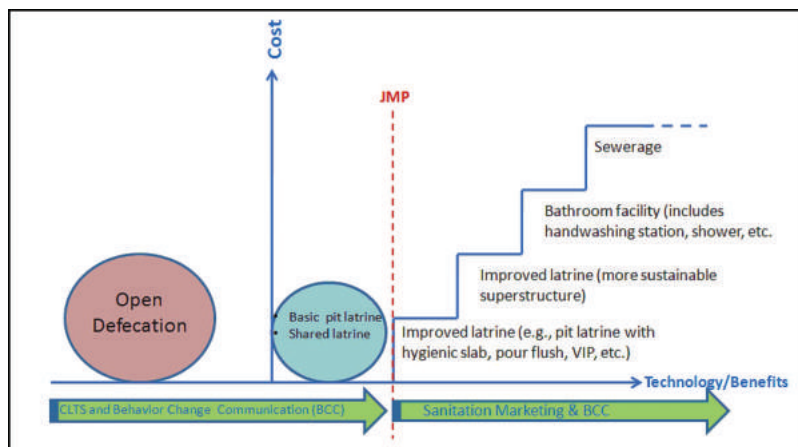
Most of these notes are lifted from the DOH's Guidebook for Community-led Total Sanitation (2010) and the Water Supply and Sanitation Collaborative Council and World Health Organization's publication entitled Sanitation and Hygiene Promotion, A Programming Guidance (2005). For a more detailed guide on monitoring and evaluation, please also refer to the DOH Guidebook on Monitoring and Evaluation, also a part of this Sustainable Sanitation Knowledge Series.

ANNEX F

Conceptual Model for Changing Sanitation Behaviors and Moving Up The Sanitation Ladder

The ZODP has emerged from the field trials conducted by DOH and WSP in the SuSEA trial sites. It essentially evolved from an approach that combines two promising sanitation improvement concepts developed in the early 2000s – Community-Led Total Sanitation (CLTS) and sanitation marketing to stop open defecation practices and to help households move up the sanitation ladder (see Figure 1). Both CLTS and sanitation marketing draw heavily on the behavior change communication (BCC) and social marketing approaches that have been well developed in other sectors, particularly health. To ensure sustainability, program recognizes the role of government to support and strengthen the enabling environment through policy reform, institutional reform and capacity building of local governments.

FIGURE 1. A CONCEPTUAL MODEL FOR CHANGING SANITATION BEHAVIORS AND MOVING UP THE SANITATION LADDER



CLTS grew out of work conducted initially in Bangladesh, and later in India and Indonesia. It has now been applied in some form in numerous countries throughout Asia and Africa. CLTS was designed to move a community from defecating in the open to fixed-point defecation. It focuses on igniting a community's desire to change sanitation behaviors rather than constructing toilets and it does this through a process of social awakening that is stimulated by facilitators from within or outside the community. Because CLTS is community focused, it concentrates on changing community norms and practices rather than changing individual behaviors. Collective

benefits from stopping open defecation (OD) are evoked to encourage a more cooperative approach whereby community members decide together to each contribute to creating a clean and hygienic environment.

Sanitation marketing helps move households up the sanitation ladder to improved sanitation but it is fair to state that there is, as yet, no broad consensus on what sanitation marketing is. Some practitioners define sanitation marketing as training local masons to build better quality latrines or to develop a new latrine (cheaper, safer, more hygienic, more environmental); others understand sanitation marketing as the distribution of posters using standard messages about sanitation. To build consensus and learn how to apply sanitation marketing at scale, more dialogue and more efforts

are needed. This is WSP's contribution to the dialogue.

WSP initially applied this two-pronged approach to scaling up rural sanitation in three countries through its Global Scaling Up Rural Sanitation Project. WSP has since adopted this approach as

its framework for rural sanitation programs. Based on WSP's experience to date, these elements provide the needed framework to scale up a rural sanitation program.

For more information on CLTS refer to the Facilitator's Guide

DEFINITION OF TERMS

Acute gastroenteritis (AGE) – Acute gastroenteritis or acute watery diarrhea is the passage of unusually loose or watery stools three times or more in a period of 24 hours with duration of less than 14 days (Adapted from WHO, 2005).

Liveable Cities – focuses on sanitation intervention for the improvement of the quality of life in cities and low-income urban poor households. Liveability can also be seen as the framework of conditions that is needed for people to have ample opportunity to experience a good quality of life. Liveability explicitly relates to the specific local effects of human activity people experience on a daily basis. It also typically refers to a perceptive dimension in that it is influenced by the experiences and feelings people have in certain situations. In this (definition), liveability calls for the involvement of people in deciding what it actually means in different situations. It also strongly relates to the quality of life concept. Liveable areas provide ample opportunity to experience a good quality of life, whereas less liveable areas make it rather difficult to do so.

Sanitation – refers to the hygienic and proper management, collection, transport, treatment, disposal or reuse of human excreta (feces and urine) and community liquid wastes to safeguard the health of individuals and communities. It is concerned with preventing diseases by hindering pathogens, or disease-causing organisms, found in excreta and wastewater from entering the environment and coming into contact with people and communities. This usually involves the construction of adequate collection, transport, treatment and disposal or reuse facilities and the promotion of proper hygiene behavior so that facilities are effectively used at all times.

Soil-transmitted helminthiasis (STH) – an infection or disease caused by soil-transmitted helminthes. The three (3) most common soil-transmitted helminthes are: (1) *Ascaris lumbricoides* (roundworm); (2) *Trichuris trichiura* (whipworm); and (3) Hookworm. The common signs and symptoms of STH are: (1) Abdominal pain and enlargement; (2) Anemia; (3) Weight loss; (4) Malnutrition; and (5) Loss of appetite.

World Health Organization (2005). *The treatment of diarrhea. A manual for physicians and other senior health workers.* Geneva, Switzerland.

STH normally causes decreased physical development of children, decreased physical activities, and decreased performance in school. STH is normally transmitted through fecal-oral route for ascaris, trichuris and hookworm (*Necator americanus*), and skin penetration for hookworms (*Necator americanus* and *Ancylostoma duodenale*). STH can be prevented through:

1. Good personal hygiene like washing hands before eating and after using the toilet
2. Clean and safe preparation of food
3. Always use slippers or shoes
4. Proper use of toilet facilities
5. Environmental sanitation - the control of all those factors in man's physical environment which exercise or may exercise a deleterious effect on his physical development, health and survival.

Sustainable Management of Water and Sanitation Interventions (Sustainable Rural Livelihoods) – focuses on efforts to ensure that water and sanitation interventions introduced will generate and support livelihood opportunities to ensure its sustainability.

Water Quality Management Area (WQMA) – focuses on sanitation interventions for the improvement of water quality within a defined water quality management area. A Water Quality Management System refers to the interrelated interventions, actions, activities, projects/programs that will optimize the quality of water based on the respective beneficial uses or network of solving its water quality problems.

Adapted from www.liveablecities.org/.../Understanding_the_Concepts_WD_10_.pdf and www.liveablecities.org/IMG/.../Definitions_v2_8Feb05_WD_9_.pdf
Philippine Sanitation Source Book and Decision Aid. World Bank, German Technical Cooperation Agency, and Australian Agency for International Development for the Department of Environment and Natural Resources and the Department of Health.
World Health Organization
SuSEA Baseline Study Framework. Sustainable Sanitation in East Asia Philippine Program, 24 April 2008.

