



Republic of the Philippines  
Department of Health *DOH-5-1*  
**OFFICE OF THE SECRETARY**

June 25, 2010

**ADMINISTRATIVE ORDER**  
No. 2010 - 0021

**SUBJECT: Sustainable Sanitation as a National Policy and a National Priority Program of the Department of Health (DOH)**

**I. BACKGROUND AND RATIONALE**

The Philippines has made fairly significant inroads in increasing access to basic sanitation and by 2015, the Department of Health projects that sanitation coverage will reach 88% of the population. However, in spite of these gains, sanitation problems and challenges continue to pervade the country: open defecation in pockets of low-income urban and rural communities; lack of appropriate sanitation facilities; improper hygiene behaviors; and low levels of coverage of urban wastewater management services (collection, treatment and disposal), which all lead to contamination of water sources and incidence of water-borne diseases and impact negatively on environmental health.

The WB-DOH-EMB pilot project in Sustainable Sanitation in East Asia (SuSEA, 2006-2010) has confirmed that sanitation remains a critical public health and environmental problem that needs to be addressed in a sustainable manner. Some of these findings are:

- access to basic sanitation in specific (target) communities is much lower than the national average, usually in low-income communities and those living on fragile environments, such as above water bodies, on isolated islands and remote inlands
- those without toilets defecate in the open fields, shorelines or along rivers
- While many of the households with pour flush toilets use septic tanks, but only a few have been desludged in the past 3 years
- most of the septic and wastewater flow to open canals, rivers and other water bodies
- a large number of communities do not have any visible drains

In the last 30 years, outside Metro Manila, only 9 municipal wastewater management systems throughout the country were developed and all of them continue to serve a miniscule part of the urban centers (between 1-3% of total population). As a result, domestic pollution is the highest contributor to the organic pollution in our waterways, and poorer communities, which are at significantly greater risk of sanitation-related diseases, have been systematically left out of service. Part of the slow progress in developing municipal sanitation systems has been the prohibitive costs of constructing and maintaining conventional centralized systems and low demand, leading to unsustainable services.

Open defecation, inconsistent hygiene practices, and low levels of investment sanitation and in wastewater management result in high negative externalities for communities, municipalities/cities and even, water resource basins. Acute gastroenteritis is the second leading cause of morbidity in the country, while soil-transmitted helminthiasis (STH) continue to be endemic in a number of municipalities, making the Philippines the country with the second highest rate of STH incidence in Asia.

In 2004, the economic losses due to poor sanitation were estimated to be Php 77.8 billion, which translates to 1.5% of GDP or US \$16.80 per capita per year.

With the passage of the Local Government Code in 1991, the Department of Health has focused its mandate on policy formulation and monitoring of laws and policies while the implementation of health services is primarily under the responsibility of local government units (LGUs). However, until today, the sanitation policies of the Department and the programs of local public health offices have mostly continued to focus on supply-driven distribution of toilets, which have met little success.

Given the emerging challenges and objectives of the Philippine government of sustained growth, the Department recognizes the need for a new vision in sanitation, expressed in clearer policy and action programs. Through SuSEA, an action-research pilot project, the Department tested approaches to sanitation that would more effectively respond to the needs of a modern and developing nation. These include enhancing local government and community action aimed at adopting appropriate sanitation practices and behaviors; using market-based principles to generate demand and supply of sanitation goods and services; incremental planning and investments by local governments in partnership with other LGUs and the national government to ensure cost-effectiveness and better reach of programs, such as through the establishment Water Quality Management Area; introduction and use of solutions and technologies that emphasize adaptiveness, practicality, functionality and resource conservation instead of a rigid adherence to traditional design; continuing renewal of the skills of sanitation practitioners at national and local levels; and targeted sustainable sanitation communication and information program that is expected to effect positive long term behavior change.

#### **DEFINITION OF SUSTAINABLE SANITATION**

Traditionally, *sanitation* refers to the hygienic and proper management, collection, disposal/reuse of human excreta (feces and urine) and domestic wastewater to safeguard the health of individuals and communities. This is usually 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. Also, this involves the construction of adequate collection and disposal/reuse facilities and the promotion of proper hygiene behavior so that facilities are effectively used at all times.

*Sustainable sanitation*, on the other hand, is the process of empowering families and communities to partner with local governments and other stakeholders to address sanitation issues and problems using affordable, appropriate and dynamic sanitation technologies and supported by enabling legal/regulatory framework, management systems, technical assistance from various sources and access to financing mechanisms with a system of rewards and incentives for the protection of the environment and people's health. This definition of sustainable sanitation emphasizes that it goes beyond self-interest and actually promotes the greater good of society as a whole, with all members of the community and the greater society as its primary stakeholders. Sustainable sanitation affects the individual as much as the community and the natural environment, hence, benefits the entire society.

Sustainable sanitation, therefore, results in zero open defecation using community-led total sanitation (CLTS) approach and other similar approaches which focus on behavior change communication and hygiene promotion. Hence, instead of the simple mass production of sanitary facilities, the heart of sustainable sanitation is the effective and sustainable use of these facilities in the daily lives of community members. In contrast with the traditional a top-down model, this bottom-up approach intends to change behavior first through community

Handwritten mark resembling the letter 'A'.

Handwritten mark resembling a stylized 'N' or a checkmark.

education, participation and initiative. The provision of technologies shall be appropriate and affordable, such as desludging services that are available and accessible down to the barangay level. In terms of participants, involvement is mainly multi-sectoral, with LGUs as the lead sector champions and implementing units.

In summary, a sustainable sanitation system protects and promotes human health, minimizes environmental degradation and the depletion of the resource base. It is technically and institutionally appropriate, while maintaining socially acceptability and economic viability in the long term.

## **II. STATEMENT OF POLICY**

The Department of Health hereby declares sustainable sanitation as a national policy and program priority.

This policy is anchored on the principle that sustainable sanitation is a public good and like health is a fundamental human right, in addition to being an essential component of total human development. In line with promoting greater social equity, the focus of sustainable sanitation is on the poorest population groups and the poorest barangays, with sensitivity to gender and cultural norms.

As national policy and program priority, the DOH shall provide sustainable sanitation with adequate support in 1) program planning, implementation and coordination; 2) capacity-building 3) research & development; 4) knowledge management and advocacy; and 5) monitoring and evaluation.

## **III. OBJECTIVES**

It is the objective of this Administrative Order to promote sustainable sanitation for all Filipinos. This objective includes halving by 2015 the proportion of the population without sustainable access to safe drinking water and basic sanitation, following Millennium Development Goal No. 7 and the commitment to ensure environmental stability through sustainable sanitation for all Filipinos.

Specifically, the objectives of the DOH on sustainable sanitation are the following:

- By 2028, universal access to safe and adequate sanitary facilities will have been achieved; behavioral change
- and proper hygiene practices are accepted norms within families and communities; and mechanisms for sustainable sanitation are institutionalized.
- By 2022, the following have been achieved:
  - a. All LGUs having their own local sustainable sanitation plans and budgets in place under their Province-wide Investment Plan for Health (PIPH), Municipal-wide Investment Plan for Health (MIPH) or City-wide Investment Plan for Health (CIPH)
  - b. All barangays declared Open Defecation Free
  - c. Septage Management Plans in all LGUs
  - d. All major river systems nationwide designated as Water Quality Management Areas
  - e. Achieving 100% of the population in all cities/municipalities with sanitary toilets



- f. Having reduced the incidence of Acute Gastroenteritis and Soil Transmitted Helminthiasis attributable to poor sanitary conditions to almost nil
- By 2016, the following have been achieved:
  - a. All LGUs have declared sustainable sanitation as a policy
  - b. At least 50% of LGUs have local sustainable sanitation plans and budgets in place under their Province-wide Investment Plan for Health (PIPH), Municipal-wide Investment Plan for Health (MIPH) or City-wide Investment Plan for Health (CIPH)
  - c. At least 60% of all barangays have been declared Open Defecation Free
  - d. Septage Management Plans in at least 50% of all LGUs
  - e. All LGUs having their own Local Drinking Water Quality Management Committees
  - f. At least one major river system per region designated as Water Quality Management Area
  - g. Having reduced the incidence of Acute Gastroenteritis and Soil Transmitted Helminthiasis attributable to poor sanitary conditions by 60%
  - h. Achieving at least 85% of population in all cities/municipalities with sanitary toilets
  - i. All national agencies with clear sanitation policies, plans and programs in line with the sanitation roadmap
- By 2015, a strong and vibrant sanitation sector shall have achieved the Millennium Development Goal of reducing by half the proportion of Filipinos without sustainable access to safe drinking water and basic sanitation

At the minimum, a national policy on sustainable sanitation shall have the following components:

1. National targets and strategy to eliminate open defecation
2. National targets and strategy to facilitate localized sanitation improvement plans and budgets
3. National Investment Priorities and Plans for Sanitation
4. National Sustainable Sanitation Promotions Strategy
5. References and integration to other sanitation related plans and programs (i.e. solid waste, housing)
6. Policies regarding financing, regulation and acceptable technologies
7. Technical assistance programs for Local Government Units and other sectors to adopt and implement complementary sustainable sanitation programs
8. Inter-agency mechanisms and protocols to achieve maximum integration of sectoral programs and projects leading to sustainable sanitation and environmental stability

#### **IV. SCOPE AND COVERAGE**

This Administrative Order shall apply to all units of the Department of Health, national partners, Local Government Units, specifically their health offices, and the Local Health Boards.



## **V. STRATEGIES**

The following strategies shall be utilized and implemented to achieve the goal of sustainable sanitation for all:

### **A. Strengthening of sanitation governance and regulatory mechanisms**

The Local Government Units are the principal implementors of sanitation programs. Considering their diverse capacities, the Department of Health, in collaboration with other agencies, shall support the LGUs in formulating their local sustainable sanitation policies, programs and projects, in improving local capabilities, and linking them to other sources of technical and financial assistance

### **B. Improving service delivery through capacity development**

The DOH shall develop capacity development programs aimed at enhancing the capability and competencies of regional, provincial, city/municipal officials and barangays on sustainable sanitation. The objectives are to develop capabilities at the lowest level possible, enable them to implement appropriate and demand-driven measures to address sanitation problems and needs and thereby improve service delivery.

Capacity development will include training of local officials on sustainable sanitation, problem identification and analysis, sanitation objective setting, policy making, program and project formulation thru stakeholder participation, and dissemination of relevant information materials, particularly on sanitation technologies, approaches in eliminating open defecation, relationship between poor sanitation and diseases, impact of improper sanitation practices on water resources, and how these problems can be addressed.

### **C. Forming strategic alliances of multi-sectoral and multi-level stakeholders**

The DOH shall work actively with other agencies in achieving the goal of sustainable sanitation from all sectors.

The DOH shall encourage major departments such as the DPWH, DepEd, DOT, DA, DOTC, DILG, DND and DOST to incorporate sustainable sanitation in their plans, designate corresponding personnel and appropriate the necessary funds for sanitation activities. For this purpose, the Civil Service Commission by the DOH shall be requested to take the lead in implementing sustainable sanitation in the various government department departments and offices, including GOCC's.

Other stakeholders that can contribute significantly in attaining sustainable sanitation such as community-based organizations, non-government organizations (NGOs), schools, business enterprises, service providers, and professional societies in land use planning, civil engineering, and sanitary engineering shall be mobilized immediately by the DOH and included in its capacity building programs and activities.

The DOH shall initiate the expansion of the membership of the Interagency Committee on Environmental Health to ensure wider adoption of sanitation programs within the bureaucracy.



#### **D. Financing and adequate infrastructure investments**

Recognizing that determining the most appropriate technology and interventions and identifying funding sources are challenges that underpin success and failure of a program, the DOH shall identify funding sources in order to ensure that resources are available, especially for strategic approaches and for priority areas. Innovative financing schemes including public-private partnerships and sanitation entrepreneurship shall be developed by DOH drawing from the experiences of other countries in similar circumstances.

#### **E. Promoting sanitation during emergency response**

Being a disaster-prone country with an average of 20 typhoons visiting the country annually characterized by flooding, landslides and mudslides, the DOH shall formulate a sanitation program for emergency situations which shall be integrated in disaster risk reduction and disaster response in all levels.

This emergency sanitation program shall be designed by DOH for implementation by the Centers for Health Development in collaboration with Local Government Units.

### **VI. ROLES AND RESPONSIBILITIES OF LOCAL AND NATIONAL PARTNERS IN SUSTAINABLE SANITATION**

#### **A. Local Government Units**

Following their mandates under the Local Government Code, Local Government Units shall integrate sustainable sanitation their comprehensive development and investment plans and annual programs and budgets. They shall make specific assignment of responsibilities among the concerned LGU offices to carry out sanitation plans, programs and projects.

LGU's shall encourage and assist barangays in passing ordinance to address the sanitation problems and needs of the community.

##### **1. Provision of Funding for Sustainable Sanitation**

**The Local Government Units shall adopt sanitation as separate program and budgetary item, with clear targets. They shall allocate annually funds and other resources to carry out sanitation programs, projects and targets.**

The DOH shall provide assistance to the Local Government Units in identifying alternative sources of funding for sanitation programs and projects.

##### **2. Communication for Behavioral Change**

The Local Government Units shall take the lead in their communities in conducting behavior change campaign aimed at promoting improved sanitation practices. Sanitation campaigns shall focus on safe sanitary practices and standards at the household level.

##### **3. Local Government Units as active promoters of sustainable sanitation**

The DOH recognizes the LGUs as the main champion and sector driver for sanitation. The Department therefore will encourage and provide support to the governors and mayors in adopting Sustainable Sanitation as a major policy for local development and in mainstreaming

sustainable sanitation into the formal planning process of LGUs and in their comprehensive LGU development plans.

4. Disease prevention and control of Acute Gastroenteritis and Soil Transmitted Helminthiasis

In the area of disease prevention and control the DOH shall assist the LGUs in planning to reduce the incidence of Acute Gastroenteritis (AGE) and Soil Transmitted Helminthiasis (STH).

The DOH shall help the LGUs set up and implement set up a barangay-based disease surveillance system anchored on a team of Barangay Sanitation Volunteers/Brigades, and strengthen the Municipal Epidemiological Surveillance Unit of the City/Municipal Health Office through training, institutional development and systems improvement.

**B. DOH and other National Partners**

1. Declaring sustainable sanitation as a priority in the Medium Term Philippine Development Plan (MTPDP)

Sanitation is not prominently addressed in the current MTPDP for 2004-2010. Consequently, sanitation is hardly allocated the necessary investments in the Medium Term Public Investment Program (MTPIP).

Working with NEDA and the other government agencies, the DOH shall take the lead in a national declaration and inclusion of sustainable sanitation in the Medium Term Philippine Development Plan (MTPDP). Being included in the MTPDP, sustainable sanitation becomes a national priority and investment concern. Towards this end, DOH shall also adopt and launch a National Sustainable Sanitation Program (NSSP), developed with the participation of various line agencies.

The DOH shall likewise create within the shortest possible time the needed program structure, with adequately trained staff, to oversee the regular implementation, coordination, monitoring and regular updating of the NSSP.

2. Policy support and advocacy

a. Revision/Updating of the Sanitation Code

The DOH shall take the lead in drafting a revised Sanitation Code which shall recognize the broad range of hygienic facilities (appropriate in rural, peri-urban, and urban areas), and define the role of Community-Led Total Sanitation (CLTS) or other behavior change based approaches to sanitation promotion, including clear statements on the provision of household subsidies.

The Sanitation Code of 1975, which has been the cornerstone of sanitation legislation in the Philippines, needs to be amended in the light of new developments in sanitation technology, the new challenges of urbanization, and the devolution of health services to LGUs. Moreover, there are also new laws regarding clean water, clean air, solid waste management, the natural environment and housing and land use that had been passed which should be reviewed so that the findings can form the bases for the amendment of the Sanitation Code.

b. Adopting an Open Defecation Free Policy



The updated Sanitation Code shall, among others, adopt an Open Defecation Free (ODF) policy to be implemented by all sectors and the local government units. The Code shall define official parameters for declaring a barangay as ODF, including the proper incentives for being declared as such, and the corresponding requirements and procedures in applying to be declared as Open Defecation Free.

c. Formulating and Adopting a National Sustainable Sanitation Plan

The Department of Health, in consultation with other concerned agencies and stakeholders, shall formulate and adopt a National Sustainable Sanitation Plan for the next 5 to 6 years.

The Plan shall include annual targets for the following:

- LGUs that have declared Sustainable Sanitation as a priority;
- LGUs that have Local Sustainable Sanitation Programs (including communication and health promotion plans for sustainable sanitation);
- Barangays that will be declared Open Defecation Free;
- Cities with Septage Management Plans, LGUs with Local Drinking Water Quality Management Committees;
- Regions with one major river system designated as Water Quality Management Area; and
- Annual targets for reducing Acute Gastroenteritis and Soil Transmitted Helminthiasis.

d. Updating and Mainstreaming of Water, Sewerage and Sanitation Sector Plans

Updating and mainstreaming of local water supply, sewerage and sanitation sector plans in the LGU development plans and the LGU Annual Investment and Development Plans shall be pursued. Towards this end, DOH shall hold two-pronged policy advocacy: one aimed at provinces (which will advocate to municipalities and component cities), highly urbanized cities, on one hand, and on the other, to housing and land use bodies (e.g., HLURB, HUDCC) which exercise review function over provincial development and land use plans.

e. Sanitation Indicators in LGU Score Cards

The DOH shall work with DILG and other concerned stakeholders for the inclusion of sanitation indicators in LGU scorecards and in their planning and investment processes on sanitation.

f. Incentives for LGUs

The DOH, in coordination with DILG and other concerned agencies, shall formulate incentive programs for innovative LGUs that are implementing successful sustainable sanitation programs.

3. Program development

The DOH shall develop programs that will demand for improved sanitation services. Program packages shall be appropriate for different scenarios (i.e. rural, urban, peri-urban, and mountainous) and interventions for each scenario may be developed. Community-Led Total Sanitation (CLTS) in the context of the Primary Health Care approach using community participation strategies will be the major pillar in sustainable sanitation program development.

4. Capacity-building of institutions





- a. At the national level, there are several government agencies with diverse range of responsibilities that have clear sustainable sanitation related mandates. These include the following:

- 1) Sub-Committee on Water Resources of NEDA Infracom (SCWR-NEDA)
- 2) Environmental and Occupational Health Office (EOHO) of the Department of Health (DOH)
- 3) Local Water Utilities Administration (LWUA)
- 4) Metropolitan Waterworks and Sewerage System (MWSS)
- 5) Department of Public Works and Highways (DPWH)
- 6) Environmental Management Bureau (EMB) and National Solid Waste Commission of the Department of Environment and Natural Resources (DENR)
- 7) Water Supply and Sanitation Unit (WSSU) of the Department of Interior and Local Government
- 8) Municipal Development Fund Office (MDFO) and Government Financial Institutions (GFIs) of the Department of Finance
- 9) Department of Science and Technology (DOST)
- 10) Commission on Higher Education (CHED)
- 11) Department of Education (DepEd)
- 12) Department of Budget and Management (DBM)
- 13) Housing and Land Use Regulatory Board (HLURB)
- 14) Department of Agriculture (DA)
- 15) National Housing Authority (NHA)
- 16) Metro Manila Development Authority (MMDA)
- 17) Local government units (LGUs)
- 18) National Anti-Poverty Commission (NCAP)

The NSSP shall aim to build the capacity of the above institutions and organizations towards sustainable sanitation. Major departments (DOH, DENR, DPWH, DepEd, DOT, DA, DOTC, DILG, DND, DOST) shall have sustainable sanitation plans with corresponding personnel and appropriate funding allocation for 2011 onwards.

- b. Training of Provincial Health Officers, Provincial Environment and Natural Resources Officers, and Provincial Planning and Development Coordinators, Provincial Sanitary Engineers and Provincial Engineers on more practical and affordable approaches to sanitation and hygiene improvement should be a priority.

#### 5. Knowledge management and technology dissemination

The DOH shall develop and disseminate information toolkits on sustainable sanitation.

#### 6. Human Resource Development and Early Childhood and Basic Education for Sustainable Sanitation

The DOH, through the Sustainable Sanitation Education Program (SuSEP), shall utilize the results of its human resource assessment for sustainable sanitation to initiate a dialogue with the Commission on Higher Education (CHED) and the Technology Education and Skills Development Authority (TESDA) on how best to address human resource development for sustainable sanitation. One key focus shall be on the professional development of Sanitary Inspectors conforming to the standards of the Civil Service Commission (CSC) will be a priority.



TESDA shall be requested to formulate skills development training for septic tank builders and desludgers and other vocations in support of sustainable sanitation.

Early childhood and basic education on sanitary and hygiene practices and promotion shall also be strengthened in coordination with the Department of Education (DepEd).

#### 7. Communication for Behavioral Change

Behavior change for sustainable sanitation (e.g., discouraging open defecation, ensuring compliance of households with sanitary standards) shall be pursued deliberately as part of the DOH health education, communication and promotion mandate. This effort will entail allocating resources for developing culturally appropriate communication materials, and building capacity in behavior change communication for sustainable sanitation of provincial, city and municipal health promotion and education officers, members of the national and local media, school health nurses, public health midwives, and barangay health workers.

The DOH shall likewise engage the Department of Education (DepEd) in partnership considering that schools are effective conveyors of health information and communication.

The basic communication messages shall include, but are not limited to the following:

- a. Handwashing
- b. Promotion of Open Defecation Free (ODF) communities
- c. Community-led and appropriately-designed toilets and septic tanks
- d. Proper disposal and treatment of septage
- e. Inter-LGU action for water quality management

The DOH shall likewise assist the LGUs in developing and implementing their sustainable sanitation promotion program.

#### 8. Monitoring and Evaluation

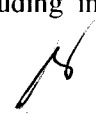
In partnership with the LWUA and the DENR-EMB, the DOH shall advocate the joint monitoring of sustainable sanitation indicators (which shall include water quality management) in the country. Aside from facilitating the identification of gaps, joint monitoring will also encourage joint problem solving and integration of efforts.

### VII. ROLES AND RESPONSIBILITIES OF DOH CENTRAL OFFICES

For purposes of this Order, the various DOH instrumentalities shall have the following roles and functions:

#### 1. Office of the Undersecretary for Policy and Standards Development for Service Delivery

- a) Provide overall leadership in the implementation of sustainable sanitation in the health sector;
- b) Mobilize and coordinate resources for sustainable sanitation in the health sector;
- c) Monitor overall progress in implementing the NSSP; and
- d) Regularly report progress in implementing the NSSP to the Secretary of Health, the DOH Executive Committee and similar oversight bodies, including inter-agency committees and councils.



**2. National Centers for Disease Prevention and Control (NCDPC) – Environmental and Occupational Health Office (EOHO)**

- a) Develop, in coordination with the other DOH departments, the 5-Yearly National Sustainable Sanitation Plan
- b) Provide technical leadership and assistance in the prevention of water borne diseases;
- c) Identify resources necessary to efficiently assist LGUs in their disease prevention and control initiatives related to sanitation;
- d) Develop service standards for sustainable sanitation interventions; and
- e) Coordinate monitoring and evaluation of the implementation of the NSS Plan.

**3. National Center for Health Promotion (NCHP)**

- a) Develop effective mechanisms to promote sustainable sanitation;
- b) Design and assess communication and health promotion schemes addressing various groups of stakeholders, including the popularization among local decision makers and planners of sanitation best practices and innovative schemes;
- c) Provide technical assistance to CHDs, LGUs and other stakeholders in developing locally-specific communication and health promotion packages.


**4. Health Human Resource Development Bureau (HHRDB)**

- a) Conduct a health human resource assessment for sanitation and recommend appropriate responses to the country's limited pool of sanitary engineers, sanitary inspectors and trained sanitation workers; and
- b) Initiate a program for re-tooling and for the continuing education of sanitation workers in the public sector.

**5. Health Policy Development and Planning Bureau (HPDPB)**

- a) Link the implementation of sustainable sanitation with the DOH budget;
- b) Facilitate the review and updating of policies and plans in support of sustainable sanitation;
- c) Provide support in the enhancement of laws/IRRs in support of sustainable sanitation; and
- d) Facilitate decision making and planning for sustainable sanitation with the timely dissemination of evidences thru health policy notes.

**6. Field Implementation Management Office (FIMO)**

- a) Facilitate investment and operational planning as well as policy, research and legislative agenda development for sustainable sanitation with the Centers for Health Development (CHDs) and other instrumentalities;
  - b) Monitor and evaluate the implementation of the sustainable sanitation program by the CHDs including the monitoring of expenditure management, procurement and logistics.
  - c) Provide regular updates to the Secretary and the DOH Executive Committee on CHD performance and accomplishments towards sustainable sanitation in their respective areas of responsibilities.
- 



## **VIII. BUDGET AND FUNDING**

The Department shall allocate an initial amount of PhP 60 million for 2010 for the launching of the NSSP nationwide and in all regions and jumpstart sustainable sanitation in priority areas in every region.

For the period of 2011 to 2016, an allocation of at least PhP100 million a year to a level of PhP500 million shall be budgeted out of the Department's annual appropriations to attain the national objectives of the NSSP

The DOH shall encourage the Local Government Units to fund their local sustainable sanitation plans and programs by providing the necessary technical assistance.

Likewise, the DOH shall encourage the other national government agencies to implement and fund sanitation programs in their respective offices and establishments.

## **IX. SUPPORT TO SANITATION RELATED INITIATIVES**

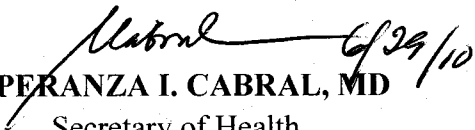
The DOH supports all other sanitation-related initiatives and activities as provided by the Clean Water Act, such as the National Sewerage and Septage Management Program, and other initiatives under the proposed Philippine Sustainable Sanitation Roadmap.

## **X. REPEALING CLAUSE**

The provisions from previous issuances and other related orders that are inconsistent or contrary to this Order are amended and modified accordingly.

## **XI. EFFECTIVITY**

This Order shall take effect immediately.

  
**ESPERANZA I. CABRAL, MD**  
Secretary of Health