

SDG Fund Joint Programme Final Narrative Report

Report Formatting Instructions:

- Number all sections and paragraphs as indicated below.
- Format the entire document using the following font: 12point _ Gill Sans MT.

Participating UN Organization(s)	Targeted SDGs
<p><i>(Indicate lead agency)</i></p> <p>United Nations Development Programme (UNDP)- lead agency</p> <p>United Nations International Children’s Emergency Fund (UNICEF)</p> <p>World Health Organization (WHO)</p> <p>UN Women</p>	<p>Please indicate relevant SDGs, indicators and targets</p> <p>SDG Target 6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all.</p> <p>SDG Target 6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.</p> <p>SDG Target 6.3: By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally.</p>

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<p style="text-align: center;">Joint Programme Title</p> <p>Pro-WATER: Promoting Water and Sanitation Access, Integrity, Empowerment, Rights and Resiliency</p>	<p style="text-align: center;">Joint Programme Number</p> <p style="text-align: center;">00091581</p>
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<p style="text-align: center;">Joint Programme Budget</p> <p>SDG Fund Contribution: US\$ 1.5 M</p> <p>Matching Funds Contribution 1: US\$ 0.2 M (UNDP)</p> <p>Matching Funds Contribution 2: US\$ 0.2 M (UNICEF)</p> <p>Matching Funds Contribution 2: US\$ 0.2 M (WHO)</p> <p>Other: US\$ 1.5 M (GPH)</p> <p>TOTAL: US\$ 3.6 M</p>	<p style="text-align: center;">Joint Programme [Location]</p> <p>Country: Philippines</p> <p>Region(s): Region 5 (Camarines Norte, Masbate); Region 8 (Northern Samar); Region 9 (Zamboanga del Norte)</p> <p>District(s) :</p>
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<p style="text-align: center;">Final Joint Programme Evaluation</p> <p>Final Evaluation Completed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Evaluation Report Attached Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Date of delivery of final report Yes No</p> <p>October 15, 2017</p>	<p style="text-align: center;">Joint Programme Timeline</p> <p>Start date : January 15, 2015 <i>(Actual start date of the programme)</i></p> <p>Actual end date: June 30, 2017 <i>(including any approved no-cost extension)</i></p>
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Participating national and local partners, private sector and CSOs organisations

Implementing Partners:

- Department of Interior and Local Government (DILG)
- Department of Health (DOH)

Participating Institutions - National

- National Economic and Development Authority (NEDA)
- National Water and Resource Board (NWRB)
- Philippine Commission on Women (PCW)
- UN Civil Society Assembly/Advisory Committee (UNCSAC)
- Maynilad Water Academy (Private Sector)

Participating Institutions - Regional

- Regional Hubs in all 16 Regions in the Philippines

Participating Institutions – Local

- Provincial Governments of Camarines Norte, Masbate, Northern Samar, and Zamboanga del Norte
- Ten (10) local government units namely the Municipal Governments of Basud, Capalonga, Aroroy, Cawayan, Milagros, Monreal, Bobon, Mapanas, Siayan, and Sindangan.
- Local Civil Society Organizations
- Community Groups
- Organized Women and Girls
- Individuals – Opinion Makers
- Media Institutions

I. PURPOSE

1. Give an overview of the **socio-economical context and the development problems** addressed by the programme.

In 2011, the proportion of families with access to safe water supply is at 84.4 percent but according to the Philippine Water Supply Sector Roadmap, trends show that overall access of the population to water supply services and sanitation facilities has declined, along with the ability of water service providers to expand their services. Although overall access to improved water source has significantly increased to 96 percent in 2013, still around 56.9 percent of households do not treat their water and from among those who treat their water, only 35.2 percent use appropriate treatment methods .

By 2025 water scarcity is expected to affect more than 1.8 billion people. It is ironic that the Philippines – a nation of islands surrounded by water – is now suffering from water scarcity. Water scarcity impacts on sanitation and hygiene and can degrade water quality. This is evidenced by the DOH finding that diarrhea and other water borne diseases are among the leading causes of mortality with an incidence rate of 1,967 for every 100,000 Filipinos. The rapid decline of the quality of water resources due to pollution, poor sanitation and the alarming number of Filipinos who still have to resort to open defecation at this day and age is cause for urgent attention. About one quarter of the population is still not served with individual sanitary types of sanitation facilities. This means that every single day probably 10 million Filipinos still defecate in the open, and this has serious consequences to health, human development and dignity, not only of the affected population but equally, the dignity of the entire nation.

The economic losses due to poor sanitation can be felt not only in terms of health but also in livelihoods such as from declining fish yields and declining tourist occupancy in areas with high levels of coliform. Women and girls are affected the most because water, sanitation and hygiene are inextricably linked with their reproductive and economic roles, as well as with their safety and dignity; affecting women's and girls' agency.

At the national level however, the prospect for meeting MDG 7, Target 7.C: Halve the proportion of people with no access to safe drinking water and basic sanitation or those who cannot afford it by 2015, is high! The 5th Philippines MDG Report would show that the country already surpassed its target of halving the proportion of people with no access to basic sanitation. It is very likely to meet its target with regards access to safe water by 2015. This is supported by the 2011 Annual Poverty Indicators Survey (APIS) conducted by NSO that shows the continuously increasing number of families that have access to safe drinking water and sanitary toilets facilities. The proportion of families with access to safe water supply has consistently increased from 78.1 percent in 1998 to 84.4 percent in 2011. This covers

community water systems and protected wells. Other sources of water that are considered unsafe are unprotected well, developed spring, undeveloped spring, river, stream, pond, lake or dam, rainwater, tanker truck or peddler and other sources. The proportion of families with access to sanitary toilets has significantly increased from 80.4 percent in 1998 to 91.6 percent in 2011. Own toilets, shared toilets and closed pits are considered sanitary, in contrast to open pits, drop/overhang, pail system and absence of access to a toilet facility. The current trend illustrates that the probability of attaining the 2015 MDG target to ensure that 86.8 percent of the population will have access to safe water is high. More recently, the National Demographic Health Survey by the Philippines Statistics Authority shows that almost 96% of Filipino households get their drinking water from an improved source, which is a dramatic improvement, but only 32.9% of these households actually get it from a piped sourced and the greatest proportion, 36.6%, sourcing their water from bottled water. It is important to highlight however, that the proportion of shared toilets is at 20% across most surveys, even NDHS 2013. These households actually do not own their own toilets which would bring actual coverage closer to 70%.

Even if the goals for safe water and sanitation are met based on the MDG targets set by the country in 2000. There are still substantial pockets of population that continue to suffer water scarcity and access to basic sanitation and thus forced to have unhygienic practices and are at risk for water borne disease. The National Anti-Poverty Commission (NAPC) pinpoints where the bulk of this deprived populations are: at least 16 million of them are in 455 municipalities, located mostly in the 10 poorest provinces in the country. These municipalities are now called Waterless Municipalities and are the geographical focus of the joint programme.

One major problem contributing to water scarcity and unhygienic sanitation is the fragmentation of structures, policies and programmes on safe water, sanitation and hygiene. Institutional fragmentation in terms of the absence of a single national government agency that is responsible for translating government's policies, strategies and goals into a comprehensive water supply program, have resulted in uncoordinated and oftentimes ambiguous policies for the water sector. The 2013 Water Supply and Sanitation Sector Assessment conducted by ADB states that at the moment, more than 30 different agencies in the country have some role in water resources and water supply and sanitation, but there is currently no single department or body with overall responsibility for sector policy and coordination, or for overseeing implementation of sector reforms, especially outside Metro Manila. The report explains that at the local level for example, the DILG, the DOH, the DPWH, and the LWUA have all at one time or another started to pursue rural water supply improvement programs based on various parameters.

At the local level, the fragmentation manifest in terms of structures, policies and plans. At the moment there are several committees that have a role on water and sanitation such as the WATSAN councils, WASH teams, and Local Health Boards. Programming and budgeting for water and sanitation is done in various planning modalities and processes such as the Local Poverty Reduction Action planning process, Annual Investment Planning, Water and Sanitation Sector Planning. The mandate to operationalize water and sanitation programmes and projects at the local level is also done by several offices, the planning coordination office, the health office and the sanitation office. In some local governments, water and sanitation is also being implemented by the infrastructure and engineering division.

The crippling effect of corruption and the political culture, which is estimated to consume up to 20% of the national budget each year, has greatly diminished the government's ability to deliver quality public services to its citizens. Furthermore, water policies and programs have all too often excluded marginalized groups, especially the poor and indigenous peoples, who live in informal settlements and remote areas. The limitations space for the marginalized means that there are few opportunities for them to ensure that the governance of water is carried out in a transparent, accountable manner, which is in accordance with their human rights, rather than vested interests. The control of water services by privileged few has led to higher costs of water, leading to higher water tariffs.

Water, sanitation and hygiene are also inextricably linked with climate change. There is seemingly a general consensus among climatologists that over time, climate change will heighten the severity of droughts and deluges. The onslaught of the 'Super Typhoon' Haiyan, one of the most powerful storms recorded in Philippine history, raised the requirements to immediately address environment and climate change issues in ensuring sustainable access to water and sanitation. "More than 6,000 people lost their lives, a total of 14 million people were affected and 4.1 million people were displaced – including 1.7 million children. Access to safe water and sanitation significantly decreased with damages to sanitation facilities and water supply systems, triggering concern on the potential outbreak of water-borne diseases."

Conflict is another major barrier to access safe water, sanitation and hygiene. In times of conflict, water fetching, especially by women and girls, put them at risk of cross fires, violence and even rape. Practicing sanitation and hygiene become more difficult because safety is compromised. Water service providers are closed down because workers, staff and employees' lives become at risk. The conditions of safe water, sanitation and hygiene in evacuation centers are too often unacceptable. The breakout of diarrhea among women and children in an evacuation center during the siege in Zamboanga City in 2012 is just one of the numerous incidences.

Poor food utilization plays an important role for populations that have very limited access to improved water sources and sanitary toilets. The Philippines Integrated Food Security Phase Classification (IPC) Version 2.0 concluded that the Mindanao Island is experiencing acute food security situation. The analysis covers 25 provinces of the Mindanao Island Group of the Philippines. The areas depicting high levels of acute food insecurity problems are mainly located in Region IX (Zamboanga Peninsula), in ARMM (Autonomous Region in Muslim Mindanao), as well as in the highly natural disaster prone belt along the east coast of Mindanao and in Lanao del Norte. Standard gender analysis would show that women and children are disproportionately affected by food insecurity especially when the factors, as the 2012 IPC analysis shows, point to high incidence of poverty, underemployment, increased food prices, displacements due to typhoons, flooding, landslides, and drought, and in some areas prolonged armed conflict. Over and above experiencing hunger, women and children are also overburdened when physical access to markets and food is an additional issue in geographically isolated areas such as the island provinces or the mountainous interior of provinces where there are poor or no roads at all. Factors like clean drinking water, sanitation, primary healthcare and nutritional literacy have to be addressed for achieving nutrition security for all.

The indigenous peoples are also among the worst affected by the negative impact of water scarcity. According to the Water-Culture Institute, Indigenous Peoples face at least four types of water-related challenges: (1) Indigenous cultural and spiritual understandings about water are misunderstood or simply ignored by the dominant Western societies; (2) Indigenous communities are not included meaningfully in water policy and planning processes; (3) Customary access and rights to water is seldom recognized by the state authorities that now control indigenous areas, and (4) Waterbodies that are critical to cultural and physical wellbeing are being polluted by outside forces beyond their control. To show, as an example, how water scarcity negatively impacts on IP communities, especially women and children, the study conducted with Mangyan women shows that among the problems they encounter, malnutrition and poor sanitation are among the problems listed by women in the health analysis. According to the paper, the Mangyan communities covered by the study have no toilet facilities. The wastes are disposed in rice paddies, creeks, canals, and grassy areas. Women washed their clothes in open canals where the animals drink and where the farmers also wash their farm tools at the end of the day. Drinking water is usually impure and unsafe for human consumption. Major illnesses that prevail in the communities are believed to be water borne such as diarrhea, dysentery, cholera, and typhoid fever. As in the Mangyan study, some IP communities that are within the identified waterless municipalities in the Philippines also have the same issues when it comes to water, sanitation and hygiene.

2. List **joint programme outcomes and related outputs** as per the final approved version of the joint programme document or last agreed revision.

Joint Programme Outcome: *“Empowered citizens and resilient communities with access to sustainable safe water and sanitation services, live healthy and productive lives through integrated safe water, sanitation, and hygiene.”*

Outcome Indicators:

- Increase in participation of women and girls, in planning, decision-making, monitoring and implementation of safe water, sanitation and hygiene projects and programs.
- Reduction on incidence of water-borne diseases and practice of "open defecation" in target municipalities based on increased access to water services, improved sanitation and advocacy campaigns on hygiene.

Outcomes by Programme Components:

Component 1: Improved Local Governance of Safe Water, Sanitation and Hygiene at all levels

Output 1.1: Structures and mechanisms for safe water, sanitation, and hygiene harmonized and strengthened along sector issues relating to CCA/DRR, PPP and GEWE. .

Output 1.2: Policies, plans, programmes integrating gender responsive and rights-based principles of CCA/DRR and PPP for safe water, sanitation, and hygiene are formulated.

Output 1.3: LGUs' AIP budgets for safe water, sanitation, and hygiene includes allocations for gender and CCA/DRR.

Output 1.4: CSOs engage and participate in policy making, planning, budgeting and monitoring for integrated safe water sanitation and hygiene.

Output 1.5: Women and girls organized to engage with CSOs and LGUs in policy making, planning, budgeting and monitoring for integrated safe water, sanitation and hygiene.

Output 1.6. Social contracts for safe water, sanitation and hygiene are forged between community water users and providers.

Component 2: Demonstrating Solutions to Broaden Access to Safe Water Supply and Improve Sanitation and Hygiene

Output 2.1: Integrated safe water, sanitation and hygiene systems demonstrated, accepted and adopted by LGUs and communities for households, health centers, schools and public spaces.

Output 2.2. PPPs forged for the implementation of integrated safe water, sanitation and hygiene systems approach between LGUs and private partners.

Component 3: Generating & Utilizing Knowledge on Safe Water, Sanitation, and Hygiene

Output 3.1: Regional Hubs provides relevant capacity development interventions on integrated safe water, sanitation and hygiene that is climate change resilient and gender responsive.

Output 3.2: Enhanced learning materials – based on the integrated safe water, sanitation and hygiene systems approach (integrating CCA/DRR, Gender, PPP).

Output 3.3: Integrated safe water, sanitation and hygiene promoted to LGUs.

3. Explain the **overall contribution** of the joint programme to **national plans and priorities**

In its inception phase, the joint programme proposed to collaborate and complement on-going programmes implemented by the national government agencies such as the Sagana at Ligtas na Tubig para sa Lahat (SALINTUBIG) by the Department of the Interior and Local

Government (DILG); the National Sustainable Sanitation Plan (NSSP) and Zero Open Defecation Programme (ZODP) by the Department of Health (DOH); the Integrated Water Resource Management (IWRM) by the National Water Resources (NWRB) and the Grassroots Participatory Budgeting (GPB), now the Assistance to Disadvantaged Municipalities (ADM), also of the DILG. Through said complementation, particularly with the DOH and DILG programs, the joint programme contributes to the realization of key outputs set forth in the National Roadmaps for Water Supply and Sustainable Sanitation, specifically in building the capacities of local players, and greater collaboration and partnerships among relevant agencies and organizations in the sector. The Regional WATSAN Hubs and local government functionaries and heads of offices have been trained in the local implementation of the iWaSH approach that both employ a 1) Results-based and rights-based approach to planning, budgeting, and monitoring towards an integrated sector plan for WASH; 2) on Sanitation Programming that facilitated the fulfilment of an open-defecation community in the priority barangays in Masbate and Northern Samar provinces, and aided in the legislation of local ordinances on Zero Open Defecation to support and sustain initial efforts. To date, a total of thirty-seven (37) barangays¹ have been declared open defecation free with the 6 target municipalities in the two provinces. Related trainings on sanitation programming have likewise been conducted in the beneficiary LGUs in Zamboanga del Norte and Camarines Norte, where communities were also triggered and assisted in the development of their ZOD plans; 3) on Water Quality and Risk Assessment and the use of the water quality monitoring kits to aid local decision-making on health and environmental issues e.g. possible contamination and chemical toxicity of drinking water sources, its effects to the environment and risks to the community. Local planners are now guided by their water quality & risk monitoring plans to make sound decisions and take informed actions to safeguard human health thru the protection and management of their drinking water sources; 5) on Water Safety Planning, local planners are further educated on the long term benefits of water quality monitoring, protection, and management of drinking water sources ensuring compliance to standards thru the development of the water safety plans.

The joint programme also contributes to the targets of the Philippine Development Plan 2011-2016, specifically in broadening access to safe water, sanitation and hygiene where more than 8,000 households (original target of 4,000 HHs) will benefit in the on-going and planned construction and rehabilitation of WASH facilities based on the SALINTUBIG infrastructure development allocations, and identified investments in the iWaSH sector plans developed under the programme.

A total of Php1387.86billion of needed investments have been identified in the iWaSH Sector Plans of the 10 beneficiary LGUs where Php 955.15M are allocated for Safe Water Supply, Php 390.16M for Sanitation and Hygiene, and Php 42.55M for capacity development, monitoring & evaluation, and other related supporting activities on local iWaSH implementation (e.g. social preparation/community organizing, advocacy/promotion, trainings on operations & maintenance, among others.) Concerned government agencies, specifically the DILG, is now able to prioritize and judiciously allocate government funds based on the actual infrastructure and capacity needs of the LGUs to increase their access to safe water, sanitation and hygiene services. Said investment requirements will translate to an overall increase of 68%-97% in access to safe water supply, and a 68%-100% increase in sanitation and hygiene coverage within the 10 year implementation period (2018-2027) of the municipalities' iWaSH sector plans.

4. Describe and assess how the programme development partners have jointly contributed to achieve development results.

¹ Both Pro WATER and non-Pro WATER target sites within the duration of the Joint Programme.

The development of the integrated approach to safe water, sanitation, and hygiene and its subsequent operationalization by programme development partners is their biggest contribution in achieving the development results. Each programme partner has brought its rich and diverse expertise, experiences, time-tested tools and technologies/solutions, and external network of stakeholders and partners into the programme. It has proven that thru joint programming, the integration of models, systems and processes can actually happen, and can work in a larger context i.e. at the national level.

UNICEF, collaborating with the Department of Health (DOH) and the Water and Sanitation Program of the World Bank during the implementation of the JP, shared its expertise and experience in promoting sanitation and hygiene programming, working with civil society and local government agencies and mobilizing communities to implement community based water and sanitation activities. Behavioral Change Campaigns (BCC/Communication for Development-C4D) have been at the core of the water, sanitation and hygiene programmes of UNICEF, working with provincial and municipal offices, schools and day care centers as entry points, which are further deepened by Disaster Risk Reduction (DRR) programming. These were integrated as specific project interventions in the programme. The agency's total allocation of US\$ 450,595.26 under the programme's matching funds (exceeding the agreed US\$200,000 allocation) contributed to the implementation and completion of proposed activities particularly on community mobilization/organizing for CLTS, the development of municipal WASH plans, the crafting of local policies on ZOD, the conduct of trainings and learning exchanges, and communications and advocacy largely in the Masbate and Northern Samar areas.

WHO and DOH were instrumental in educating beneficiary LGUs (and communities) and the Regional Hubs on water quality monitoring and risk assessment, water safety planning and water quality management. As a result ten (10) water safety plans (WSPs) have been developed and are now being utilized by local government planners and community groups organized to implement the plan. Part of the assistance also looked into the potential community-based water systems that can be developed based on the acceptable standards for construction of water supply infrastructures. Given WHO's broad experience in mobilizing communities for water quality monitoring and development of safety plans, it was also instrumental in the organization of 10 LGU/community WSP teams. The water quality testing kits distributed to the ten LGUs were also an important contribution by the WHO.

Both programs of UNICEF and WHO will not be realized without the partnership and support of the DOH that provided key resource persons during planning, the development of iWaSH tools, community mobilization, and in the actual conduct of trainings.

UNDP, together with DILG and NEDA, Climate Change Commission (CCC) brought their experience and expertise in governance, especially in the water supply sector and integrated management of water with a human rights based approach; institutional strengthening and capacity building, especially in the planning sector; climate change adaptation measures; and Gender and women empowerment.

UN Women has contributed in defining gender outcomes, targets and indicators to ensure that gender equality issues and women empowerment strategies are mainstreamed throughout the planning, design and implementation of the joint programme. They have supported the initial development of the iWaSH conceptual framework and the development of the integrated safe water, sanitation and hygiene assessment tool.

The DILG's Salintubig and ADM programs provided the venue for the operationalization of the integrated approach thru modelling solutions on infrastructure development, capacity development, community organizing, sanitation marketing, and BCC campaigns. Its direct link to the regional, provincial and municipal offices and its LGU reach have facilitated the coordination, participation and mobilization of LGU staff especially the continued support among local chief executives.

Lastly, the programme development partners' allocation of counterpart/matching funds have contributed to the implementation of critical activities in the JP by augmenting available funds especially when the SDGF funds have yet to be released. Said matching funds allowed implementing partners to cover more areas and communities in the programme i.e. additional funds (exceeding the required allocations) from DILG for infrastructure development and UNICEF for its sanitation and hygiene campaigns, WHO's provision of water quality monitoring kits early on in the project implementation and its additional provision of WQM supplies/reagents on the second year of implementation in order for LGUs to continue with their water quality assessments.

II. ASSESSMENT OF JOINT PROGRAMME RESULTS

1. What were the key outcomes of the programme? Explain any variance in achieved versus planned results.

Three major outcomes/results have been achieved in the course of the programme implementation through joint interventions and actions to achieve the overall JP outcome of *"Empowered citizens and resilient communities with access to sustainable safe water and sanitation services, live healthy and productive lives through integrated safe water, sanitation, and hygiene."*

Key Outcome 1: Improved governance of safe water, sanitation, and hygiene at all levels, especially at the local levels.

Firstly, the development of the operational iWaSH framework has laid the foundation for pursuing a coordinated and harmonized approach on integrated safe water, sanitation and hygiene at the local level which is now being adopted at the national level through the DILG's Water and Sanitation Program. The operational framework synthesizes available knowledge and existing efforts on WASH by programme development partners and translate to concrete actions, workable strategies and practical entry points to engaging and organizing communities/groups for iWaSH, developing, operating, and managing infrastructures for iWaSH, and sustaining these efforts through local planning and policy development on iWaSH. Hence, it can be said that development of the operational framework is a milestone of the joint programme and sector collaboration of the DILG, DOH, and UN agencies such as the UNDP, UNICEF, and the WHO.

The framework encourages complementation among programmes and projects based on the organizations' respective mandates, and identifies where each agency's strength and weaknesses lie in addressing WASH issues/concerns. Hence, the framework enables each agency to contribute relevantly and with greater significance in terms of results. For DILG, this translates to integrating the iWaSH Infrastructure model in its Detailed Engineering Design and Feasibility Study, thereby, influencing the requirements of the SALINTUBIG Program to pursue an integrated approach. DILG (Water and Sanitation) Engineers were also oriented on the iWaSH Model and are involved in the monitoring and implementation of SALINTUBIG-funded WASH projects in the Pro WATER sites. For UNICEF/DOH, the localization of its CLTS programme and introduction of low cost sanitation technologies (thru partnership with the WSP-World Bank) in the barangay sites have addressed issues on the prevalent OD practice and high building costs especially for the construction of HH sanitation facilities. Also, the collaboration with its partners, Action Against Hunger (previously ACF International), Relief International (RI), Center for Health Solutions and Innovations (CHSI) and A Single Drop of for Safe Water (ASDSW) have built on previous and on-going sanitation and hygiene interventions in the four municipalities in Masbate and two municipalities in Northern Samar e.g. Zero Open Defecation (ZOD) Certifications, Child to Child Approach for WASH in

Schools and Day Care Centers, orientation and organization of Local Drinking Water Quality Monitoring Committees, among others. WHO/DOH partnership, on the other hand has reaffirmed local government’s commitment to Administrative Order (AO) No. 2014-0027 requiring all drinking-water service providers to develop and implement Water Safety Plans (WSPs). Additionally, the framework set agreeable indicators and targets among partners to achieving an integrated WASH implementation at the local level.

Output 1.1 Local governance structures and mechanisms for iWaSH

With the adoption of the integrated approach by the ten beneficiary LGUs, local governance structures and mechanisms for its implementation have been established/revived and strengthened using the integrated approach. These include the creation of the LGU iWaSH Councils, an oversight decision and policy making body for safe water, sanitation and hygiene; the LGU iWaSH Teams that serve as the local implementers and facilitators of the iWaSH approach; the Integrated Barangay Safe Water, Sanitation and Hygiene Associations (i-BWASAs); LGU WASH Task Force, Committees and community teams created for Water Quality Monitoring in Masbate areas, and on Water Safety Planning in all target municipalities; and the Citizens/Integrity Groups which will serve as the voice of the community to ensure transparency, accountability, and participation on WASH.

- 6 iWaSH Councils in Regions 5, 8, and 9 were organized while 4 retained its composition as Municipal WASH Councils particularly in the Masbate areas which were previously assisted by UNICEF and were strengthened by the programme.
- 16 iBWASAs were organized with elected officers, by laws & organizational structures: 7 iBWASAs organized in Siayan & Sindangan; 2 iBWASAs in Basud (registered) and Capalonga; 4 iBWASAs in Bobon; and 3 iBWASAs in Mapanas. LGU WASH Task Force, Committees and community teams were also created for Water Quality Monitoring in Masbate areas, and on Water Safety in all regions. Said iBWASAs are responsible for the operations and maintenance of iWaSH facilities to be developed and serve as local partners in the implementation of related iWaSH activities.
- 5 Citizens/Integrity Monitoring Groups were created in Regions 5, 8, and 9.
- 10 Water Safety Plan Teams were organized to implement the LGU/community-based Water Safety Plans

Output 1.2: Policies, plans, programmes formulated for iWaSH

To support implementation and sustainability of the integrated approach in the pilot municipalities, policies and plans, and related programs were identified, developed and passed. Among the local policies formulated include ordinances and resolutions on the creation of the iWaSH Councils and iWaSH Teams and ordinances to support ZOD programs. Six (6) iWaSH Councils have been organized while 4 previously organized Municipal WASH Councils in Masbate have retained their composition and were strengthened by the programme.

Table 1 – Organized iWaSH Councils

Municipality	No. of Local Policies
Bobon, Northern Samar	1 ordinance on the creation of the iWaSH Council; barangay ZOD ordinance
Mapanas, Northern Samar	1 executive order on the creation of the iWaSH Council; barangay ZOD ordinances
Siayan, Zamboanga del Norte	1 executive order for the creation of the iWaSH Council

Sindangan, Zamboanga del Norte	1 executive order for the creation of the iWaSH Council
Basud, Camarines Norte	1 executive order for the creation of the iWaSH Council
Capalonga, Camarines Norte	1 ordinance for the creation of the iWaSH Council
Aroroy, Milagros, Monreal and Milagros (Masbate)	LGU and barangay ordinances on ZOD

iWaSH is now a priority of the 10 LGUs evidenced in their medium and long term (5-10 years) targets and investment requirements to increase access to safe water, sanitation, and hygiene in the form of infrastructure development and rehabilitation of iWaSH facilities, capacity development programs to organize barangay iWaSH associations and community groups, sanitation and hygiene promotion/advocacy, provision of materials and equipment for water quality monitoring, among others. Within the 10 year implementation period of the iWaSH Sector Plans, the LGUs have proposed to increase their access to safe water to 68%-97% and 68%-100% increase in access to sanitation and hygiene based on proposed investment requirements. Per the programme targets, only six (6) of the 10 LGUs are required to develop their iWaSH sector plans. It should be noted that targets among LGUs differ. They set their targets considering all factors such as budget/available LGU funding and other resources (limit of the LGUs' IRA and the possibilities for other funding sources), manpower, and the willingness and cooperation of communities in the actual implementation of programs and projects, within the 10 year period. Said targets are also guided by the "envisioned change" each municipality through consultations with the iWaSH Council, CSO and sector groups, and barangay representatives. Ten iWaSH Sector plans have been developed by the beneficiary LGUs with the assistance of the Regional WATSAN Hubs.

Table 2 – iWaSH Sector Plans

Municipality	Status of iWaSH Sector Plans
Bobon, Northern Samar	for adoption by the LGU; targets, outcomes, and activities included in their AIP
Mapanas, Northern Samar	for adoption by the LGU; targets, outcomes and activities included in their AIP and CDP
Siayan, Zamboanga del Norte	adopted by the LGU; targets, outcomes and activities included in their AIP, CDP and CLUP
Sindangan, Zamboanga del Norte	adopted by the LGU; targets, outcomes and activities included in their AIP, CDP and CLUP
Basud, Camarines Norte	for adoption by the LGU; targets, outcomes, and activities included in their AIP
Capalonga, Camarines Norte	for adoption by the LGU targets, outcomes, and activities included in their AIP
Aroroy, Milagros, Monreal and Milagros (Masbate)	for finalization & adoption by the LGU

Output 1.3: LGUs' AIP budgets for iWaSH and include allocations for gender and CCA/DRR.

Beneficiary LGUs have committed to include iWaSH targets in their Annual Investments Plan (AIPs) and Comprehensive Development plan (CDPs). Two (2) LGUs have included iWaSH targets and investments in their Comprehensive Land Use Plans (CLUPs). 1 LGU has included iWaSH targets in their CDP, and six (6) LGUs have included investment requirements on iWaSH in their Annual Development Plans (AIPs).

A total of Php1387.86billion of needed investments have been identified in the iWaSH Sector Plans of the 10 beneficiary LGUs where Php 955.15M are allocated for Safe Water Supply, Php 390.16M for Sanitation and Hygiene, and Php 42.55M for capacity development, monitoring & evaluation, and other related supporting activities on local iWaSH implementation (e.g. social preparation/community organizing, advocacy/promotion, trainings on operations & maintenance, among others.) Six (6) LGUs remain committed to expend 10% their SALINTUBIG grants for sanitation i.e. construction of low-cost sanitation technologies, implementation of the CLTS/ZOD program, among others.

Table 3 – iWaSH Investment Requirements

LGU	WASH EXISTING CONDITIONS (Access)	TARGETS (5-10 yr. period)	INVESTMENT REQUIREMENTS		
		Water Supply / Sanitation & Hygiene	Water Supply (Php)	Sanitation & Hygiene (Php)	CAPD EV (Php)
Mapanas, Northern Samar	16% 48%	97% 74%	32 M	3.74 M	4.0 M
Bobon, Northern Samar	13% 46%	91% 73%	91.86 M	2.84 M	4.28 M
Basud, Camarines Norte	31% 79%	90% 90%	168.75 M	1.63 M	4.5 M
Capalonga, Camarines Norte	42% 70%	90% 85%	73.83 M	11.71 M	4.0 M
Aroroy, Masbate	37% 63%	91% 100%	68.68 M	14.0 M	4.0 M
Cawayan, Masbate	18% 19%	68% 100%	142.23 M	55.17 M	5.56 M
Milagros, Masbate	23% 19%	80% 100%	112.73 M	37.48 M	4.98 M
Monreal, Masbate	48% 47%	76% 100%	42.98 M	16.47 M	3.83 M
Sindangan, Zamboanga del Norte	89% 41%	87% 71%	135.17 M	144.28 M	3.7 M
Siayan, Zamboanga del Norte	26% 46%	87% 74%	86.92 M	102.84 M	3.7 M

Output 1.4: CSOs engage and participate in policy making, planning, budgeting and monitoring for iWaSH

Nine (9) CSOs participate in policy making, planning, budgeting and monitoring on iWaSH actions under the JP. Five of these CSOs are members of the Regional WATSAN Hubs (RHubs) in regions 5, 8, and 9 and continuously engaged even after the completion of the joint programme, particularly, their proposed sustainability actions for previously assisted municipalities. They are often tapped to train other LGUs in the iWaSH approach through results-based sector planning and community organizing. Local Partner CSOs e.g. Action against Hunger, RI, CHSI and ASDSW provided additional support during the JP implementation. Based on the evaluation missions conducted in the regions, CSOs have collectively shared that they are satisfied with their engagement in the programme given the trainings, mentoring & coaching provided and in their actual participation in the iWaSH assessments, results-based sectoral planning (also budgeting), policy making, monitoring, community organizing, water safety planning, sanitation programming, among others. For RHub CSO members, they also shared the challenges they have faced in the implementation process especially on time constraints, availability and support of the LGUs. For local CSOs represented by women’s groups, PWDs, IPs, the youth, etc. they are grateful for the opportunity to be involved in the community consultations, planning sessions/workshops, collection and validation of data/information on WASH conditions, among others. The integrated approach facilitated in defining their roles in the implementation; opened opportunities for engagement through the project interventions, as well as make concrete their contributions to the process.

Output 1.5: Women and girls organized to engage with CSOs and LGUs in policy making, planning, budgeting and monitoring for iWaSH

The joint programme has evidence to show that in the last 2 years of the programme implementation, an increase in the participation of women and girls have been documented from various interventions delivered by programme development partners in the areas of planning, decision-making, monitoring, and overall implementation. Based on activities conducted beginning 2015 until June 30, 2017, a total of 3,277 women have been meaningfully engaged contributing immensely on the programme’s outputs particularly in the conduct of assessments and data validation, planning, resource allocation, monitoring and evaluation, sanitation programming, community organizing/social preparation activities, and in communications and advocacy on iWaSH. On the other hand, a total of 4,126 girls have actively participated in group hygiene activities in schools and daycare centers as part of the WASH in schools/ECCD programme in Masbate and the development of community murals in 7 municipalities, where they were tapped as community artists/advocates i.e. design and actual painting of the murals.

Table 4 – Types/Level of Women Participation on iWaSH

Types of Women Involved	Types/level of Participation
Civil Servants (LGU, regional and provincial government agencies, BLGU)	<ul style="list-style-type: none"> • Participation and completion of trainings, mentoring and coaching • Trained and developed the iWaSH Sector Plan goal, targets, investment requirements, and project activities • Trained in the development, implementation, monitoring and reporting of MWASH Plans (LGUs in Masbate) • Trained and developed the Water Safety Plans, Water Quality and Risk Assessment Plans • Tapped as resource persons during sanitation learning exchanges/tours

<p>Teachers/Academics</p>	<ul style="list-style-type: none"> • Trained in the use of the WASH ECCD manual, implementation, and monitoring • Contributed to the collection and validation of data on WASH conditions in schools • Contributed in the formulation of targets, outcomes, investment requirements and identification of projects and entry points for WASH in schools • Conducted sanitation and hygiene promotion activities • Mobilized and trained as WASH in Schools (WinS) Patrols • Tapped for community organizing and conduct of related social preparation activities on sanitation and safe water supply infrastructure development, management and operations • Tapped as resource persons and facilitators for iWaSH trainings e.g. sector planning, community organizing, etc. • Tapped as resource persons during sanitation learning exchanges/tours
<p>Civil Society/Community-based</p> <ul style="list-style-type: none"> • sector representatives on women, PTA, youth, farmers, IPs, PWDs, fisherfolks, etc. • barangay leaders & members (4Ps, etc.) • daycare workers • local entrepreneurs • mothers, household heads and household members 	<ul style="list-style-type: none"> • Developed the targets, outcomes and identified investment requirements and project activities to increase the access to safe water, sanitation and hygiene services based on the existing conditions of their barangays • Provided and validated the data collected from the iWaSH assessments conducted • Organized as community teams for ZOD activities, water quality monitoring and water safety planning. • Organized to compose the members of the i-BWASAs and citizens/integrity monitoring groups • Sector representatives as members of the iWaSH Council which is responsible for the development of the iWaSH Sector Plans and passage of local policies • Tapped as resource persons during sanitation learning exchanges/tours • Participated in the development of community murals
<p>Private Sector</p>	<ul style="list-style-type: none"> • As potential partners for PPP on iWaSH-sanitation marketing e.g. microfinancing institutions, capacity development services, materials and infrastructure suppliers, etc. • Tapped as resource persons on PPP for WASH Capacity Development Assistance
<p>Regional WATSAN Hubs (Regions 5, 8 and 9)</p>	
<ul style="list-style-type: none"> • NGO, CSO Workers 	<ul style="list-style-type: none"> • Assisted in the mobilization, identification of potential leaders and officers for the i-bwasas and integrity groups to be organized, and facilitated the development and ratification of the social contracts/LCSCs • Tapped as resource persons and facilitators on iWaSH trainings (beyond Pro WATER)
<ul style="list-style-type: none"> • Water Districts 	<ul style="list-style-type: none"> • Assisted in the review and/or development of FS, DED of the municipalities • Acted as RHub Coordinator and facilitated in funds management and operations • Tapped as resource persons and facilitators on iWaSH trainings (beyond Pro WATER)
<ul style="list-style-type: none"> • Academe 	<ul style="list-style-type: none"> • Acted as RHub Coordinator and facilitated in the funds management and overall supervision of project operations • Assisted in the mobilization, identification of potential leaders and officers for the i-bwasas and integrity groups to be organized, and facilitated the development and ratification of the social contracts/LCSCs • Tapped as resource persons and facilitators on iWaSH trainings (beyond Pro WATER)

Table 5 – Types/Level of Girls Participation on iWaSH

Engagement of GIRLS on iWaSH	Types/level of Participation
Development of iWaSH Community Murals	<ul style="list-style-type: none"> Served as community artists and iWaSH advocates
Group hygiene activities in schools and daycare centers as part of WASH in schools/ECCD programme	<ul style="list-style-type: none"> Trained on proper sanitation and hygiene practices and actively supported hygiene promotion activities launched in schools and daycare centers

Output 1.6. Social contracts for safe water, sanitation and hygiene are forged between community water users and providers.

Fifteen (15) Social contracts or the Localized Customer Service Codes (LCSCs) on iWaSH were developed as a result of the community organizing facilitated by the Regional WATSAN Hubs in the 6 targeted LGUs. The LCSCs define the quality standards, roles and responsibilities on WASH that are mutually agreed by all (LGU, CSO and citizens/women and girls) in households, schools, public spaces, economic spaces and health centers.

Table 6 – iWaSH Localized Customer Service Codes

Municipality	No. of iWaSH LCSCs	Status
Bobon, Northern Samar	4 iWaSH LCSCs	for ratification
Mapanas, Northern Samar	3 iWaSH LCSCs	for ratification
Siayan, Zamboanga del Norte	4 iWaSH LCSCs	ratified
Sindangan, Zamboanga del Norte	3 iWaSH LCSCs	ratified
Basud, Camarines Norte	1 LCSC	ratified
Capalonga, Camarines Norte	1 LCSC	for finalization and ratification

KEY OUTCOME #2: Broadened access to safe water, sanitation, and hygiene through improved solutions that are demonstrated in the implementation of safe water, sanitation and hygiene that benefit women and girls in the households, schools, health centers and public spaces.

A total of US\$2,980,252.04 has been allocated by the government (SALINTUBIG) to the 10 municipalities exceeding its previously committed matching funds of US\$1.5M. Five of the 6 main target municipalities have started construction and/or rehabilitation of the iWaSH-SALINTUBIG water supply facilities benefitting a total of 7,214 households. Said facilities are targeted to be completed by December 2017.

Table 7 – iWaSH Facilities

Municipality	Name of Barangays	Name/Title of Sub-Project	Total Project Cost	Total Population (2015)
Municipality of Siayan Zamboanga del Norte, Region 9	• Balok	Provision of Level II Potable Water Supply	Php 8M	1376
	• Munoz			978
	• Diongan			2420
	• Seriac			919
	• Datagan			1125
				=6818
Municipality of Sindangan Zamboanga del Norte, Region 9	• Bago	Provision of Level II Potable Water Supply	Php 6M	2775
	• Lawis			2849
	• Misok			1005
				=6629

Municipality of Bobon Northern Samar, Region 8	<ul style="list-style-type: none"> • Sta. Clara • Salvacion • San Juan • Gen. Lucban 	Construction of Level II Water Supply System in Poblacion Barangays	Php 12M	3661 3263 936 1784 =9644
Municipality of Mapanas Northern Samar, Region 8	<ul style="list-style-type: none"> • Jubasan • Magtaon • Siljagon 	Construction of Level II Water Supply System	Php 9M	857 2306 1395 =4558
Municipality of Capalonga Camarines Norte, Region 5	<ul style="list-style-type: none"> • Alayao • Catabaguan • Mataque • Catioan • Poblacion • Ubang 	Expansion of Capalonga Water System Level III	Php 10M	2837 728 1211 3237 3366 2003 =13382
				TOTAL POP 41,031

Part of the modelling solutions demonstrated in the pilot sites, Sanitation Marketing (SANMARK) low cost sanitation technologies have been introduced in all LGUs while actual demonstration was conducted in the project sites/barangays in Northern Samar. BCC/C4D Campaign models towards ZOD were likewise implemented. In 2016, 15 barangays have been declared ZOD (G1), while 2 barangays were declared G2. A total of 96 barangays have been conducted post triggering activities and 13,053 individuals were reached by hygiene promotion activities. WASH programs in schools were likewise implemented in 144 schools and 264 day care centers. Said interventions include the following: distribution of hygiene kits and promotion communication materials, installation of hand pumps, and construction of handwashing facilities.

As a commitment by the programme to include other spatial areas, iWaSH facilities in all public spaces were identified in the LGU priority targets and investment requirements in the sector plan to be pursued starting 2018 and are targeted to be completed within a 5-10 year timeframe thru government allocations and other potential resources. The four (4) municipalities in Masbate have recently been released with their allocations in July 2017 upon completion of all SALINTUBIG requirements. With the assistance of the DILG-Regional Office, LGUs have committed to complete the Water Supply facilities by December 2017. Per programme targets, only 6 LGUs (a target of 4,000 HHs) are required to deliver iWaSH facilities. Hence, the JP has exceeded its previous targets.

One (1) PPP was established in Region 5, with the partnership between the Coca Cola Company and the Municipality of Basud, Camarines Norte resulting to the planned construction of a Level II Water Supply System that will benefit three (3) barangays. Other potential PPPs have been identified i.e. partnerships with local suppliers/service providers, microfinancing institutions, etc. A PPP learning exchange on iWaSH was conducted to facilitate creation of PPPs between the private sector and local governments.

KEY OUTCOME #3: Generated knowledge to aid policy advocacy, planning, capacity building based on the experiences and lessons learned from the implementation of safe water, sanitation and hygiene that benefit women and girls in the households, schools, health centers and public spaces.

Three (3) Regional Hubs (Region 5, 8 and 9) have been capacitated on iWaSH and led the implementation of programme activities and achievement of the target outputs at the local level by providing technical/advisory and related capacity development assistance to beneficiary LGUs. As part of their commitment and role in the integration process, the RHubs developed their sustainability plans that detail the assistance still needed by the LGUs especially by the organized iWaSH groups such as the i-BWASAs and the citizens/integrity monitors on the

operations & management of the iWaSH facilities, adoption of the LGU sector plans, ratification of the social contracts, as well as to continuously monitor the completion of the iWaSH facilities.

Seven (7) Training Modules on iWaSH were developed on Community-led Total Sanitation (CLTS)²; Water Safety Planning; Water Quality Monitoring & Risk Assessment; iWaSH Assessment; Sanitation Concepts & Approaches; Results-based Sector Planning. Other knowledge products include: Two (2) Guidelines on iWaSH Community Organizing & Infra Development (FS, DED); One (1) iWaSH Assessment Tool; and One (1) Document of the iWaSH Framework. These knowledge products are being packaged for distribution to LGUs, the Regional WATSAN Hubs, government partners as part of the iWaSH Toolbox.

JP OUTCOME: “Empowered citizens and resilient communities with access to sustainable safe water and sanitation services, live healthy and productive lives through integrated safe water, sanitation, and hygiene.”

Two major indicators have been identified to measure the Joint Programme Outcome of “Empowered citizens and resilient communities with access to sustainable safe water and sanitation services, live healthy and productive lives through integrated safe water, sanitation, and hygiene.” These are 1) *Increase in participation of women and girls, in planning, decision-making, monitoring and implementation of safe water, sanitation and hygiene projects and programs;* and the 2) *Reduction on incidence of water-borne diseases and practice of “open defecation” in target municipalities based on increased access to water services, improved sanitation and advocacy campaigns on hygiene.* And in order to achieve this, the joint programme has implemented various actions based on the integrated approach which were elaborated earlier in the previous sections.

Indicator 1: Increase in participation of women and girls in iWaSH programming

The joint programme has evidence to show that in the last 2 years of the programme implementation, an increase in the participation of women and girls have been documented from various interventions delivered by programme development partners in the areas of planning, decision-making, monitoring, and overall implementation. Based on activities conducted beginning 2015 until June 30, 2017, a total of 3,277³ women have been meaningfully engaged contributing immensely on the achievement of programme outputs particularly in the conduct of assessments and data validation, sector planning, resource allocation, monitoring and evaluation, sanitation programming, water quality monitoring, water safety planning, community organizing/social preparation activities, and in communications and advocacy on iWaSH. On the other hand, a total of 4,126⁴ girls have actively participated in group hygiene activities in schools and daycare centers as part of the UNICEF/DOH WASH in schools/ECCD programme in Masbate and the development of community murals in 7 municipalities, where they were tapped as community artists/advocates in the design and execution of the community murals.

The level of participation varies for women involved in the programme. The tables below will show the types of women who were engaged and the types and level of their participation in the programme.

Table 8 – Over-all Women and Girls Engagement and Level of Participation

Types of Women Involved	Types/level of Participation
Civil Servants (LGU, regional and provincial government agencies, BLGU)	<ul style="list-style-type: none"> Participation and completion of trainings, mentoring and coaching

² Existing, proven and tested training module on CLTS was adopted in the JP, now based on an iWaSH approach.

³ Based on overall beneficiary count documented and reported in the 1st-4th SDGF Bi-Annual Reports (2015-2017) and RHUB monitoring reports from May-June 2017.

⁴ *ibid*

	<ul style="list-style-type: none"> • Trained and developed the iWaSH Sector Plan goal, targets, investment requirements, and project activities • Trained in the development, implementation, monitoring and reporting of MWASH Plans (LGUs in Masbate) • Trained and developed the Water Safety Plans, Water Quality and Risk Assessment Plans • Tapped as resource persons during sanitation learning exchanges/tours
Teachers/Academics	<ul style="list-style-type: none"> • Trained in the use of the WASH ECCD manual, implementation, and monitoring • Contributed to the collection and validation of data on WASH conditions in schools • Contributed in the formulation of targets, outcomes, investment requirements and identification of projects and entry points for WASH in schools • Conducted sanitation and hygiene promotion activities • Mobilized and trained as WASH in Schools (WinS) Patrols • Tapped for community organizing and conduct of related social preparation activities on sanitation and safe water supply infrastructure development, management and operations • Tapped as resource persons and facilitators for iWaSH trainings e.g. sector planning, community organizing, etc. • Tapped as resource persons during sanitation learning exchanges/tours
<p>Civil Society/Community-based</p> <ul style="list-style-type: none"> • sector representatives on women, PTA, youth, farmers, IPs, PWDs, fisherfolks, etc. • barangay leaders & members (4Ps, etc.) • daycare workers • local entrepreneurs • mothers, household heads and household members 	<ul style="list-style-type: none"> • Developed the targets, outcomes and identified investment requirements and project activities to increase the access to safe water, sanitation and hygiene services based on the existing conditions of their barangays • Provided and validated the data collected from the iWaSH assessments conducted • Organized as community teams for ZOD activities, water quality monitoring and water safety planning. • Organized to compose the members of the i-BWASAs and citizens/integrity monitoring groups • Sector representatives as members of the iWaSH Council which is responsible for the development of the iWaSH Sector Plans and passage of local policies • Tapped as resource persons during sanitation learning exchanges/tours • Participated in the development of community murals
Private Sector	<ul style="list-style-type: none"> • As potential partners for PPP on iWaSH-sanitation marketing e.g. microfinancing institutions, capacity development services, materials and infrastructure suppliers, etc. • Tapped as resource persons on PPP for WASH Capacity Development Assistance
Regional WATSAN Hubs (Regions 5, 8 and 9)	
<ul style="list-style-type: none"> • NGO, CSO Workers 	<ul style="list-style-type: none"> • Assisted in the mobilization, identification of potential leaders and officers for the i-bwasas and integrity groups to be organized, and facilitated the development and ratification of the social contracts/LCSCs • Tapped as resource persons and facilitators on iWaSH trainings (beyond Pro WATER)
<ul style="list-style-type: none"> • Water Districts 	<ul style="list-style-type: none"> • Assisted in the review and/or development of FS, DED of the municipalities • Acted as RHub Coordinator and facilitated in funds management and operations • Tapped as resource persons and facilitators on iWaSH trainings (beyond Pro WATER)

<ul style="list-style-type: none"> Academe 	<ul style="list-style-type: none"> Acted as RHub Coordinator and facilitated in the funds management and overall supervision of project operations Assisted in the mobilization, identification of potential leaders and officers for the i-bwasas and integrity groups to be organized, and facilitated the development and ratification of the social contracts/LCSCs Tapped as resource persons and facilitators on iWaSH trainings (beyond Pro WATER)
Engagement of GIRLS on iWaSH	Types/level of Participation
Development of iWaSH Community Murals	<ul style="list-style-type: none"> Served as community artists and iWaSH advocates
Group hygiene activities in schools and daycare centers as part of WASH in schools/ECCD programme	<ul style="list-style-type: none"> Trained on proper sanitation and hygiene practices and actively supported hygiene promotion activities launched in schools and daycare centers

In the tables shown, majority of women are already contributing to the process and in the achievement of outputs, thereby, they were not merely observers during the project implementation. Additionally, the multi-level approach to the engagement process employed in the joint programme was not limited simply to raising awareness on WASH but ensured that those engaged are strengthened (i.e. benefitting from trainings and other forms of capacity development) to have a hand on the actual implementation i.e. formulation of plans, social contracts, and local policies, data collection and validation, selection of officers and members to organized groups, monitors demonstration sites, demands for resource allocations are based on realistic targets, influences the passage of local policies thru consensus, among others.

Indicator 2: Reduction of incidence of water-borne diseases and practice of "open defecation" in target municipalities based on increased access to water services, improved sanitation and advocacy campaigns on hygiene

Three key interventions in the joint programme facilitate the fulfilment of the JP outcome as measured in this indicator. One is the adoption and local implementation of the integrated approach in the target LGUs as manifested in their support to establish iWaSH governance structures like the iWaSH Councils and iWaSH Teams, which were instrumental to setting the targets and investments requirements to increase access to safe water, sanitation and hygiene in the municipalities. Although these investments have yet to materialize, this will improve funding agencies' system of allocation and prioritization based on data-informed targets and priorities. The creation of community teams and local associations on iWaSH especially the i-BWASAs, Water Quality Monitoring and Water Safety Plan Teams that will continue to assess water quality and contribute to sustainably managing water sources and systems.

Second, the modelling solutions for the implementation of the iWaSH approach in demonstration sites such as the construction of iWaSH facilities, the implementation of the water safety plans, and the conduct of BCC/C4D programs towards ZOD, particularly the Community-led Total Sanitation (CLTS). Said actions increase the opportunities for communities to improve their access to safe water, be guided on how water sources can be protected and sustainably managed to avoid risks of contamination, and finally put an end to open defecation thru proper sanitation and hygiene practices. Thirdly, the continued advocacy and promotion of the integrated approach through sharing of knowledge, experience, and technologies/tools among local partners and beneficiaries.

In the review of the health data among the six (6) target municipalities, a reduction on the number of water-borne diseases have been observed in the municipalities of Bobon, Mapanas, Capalonga, and Siyan, varying from 2014 to 2017 (1st-3rd Q). Only Siyan reported a steady decrease of waterborne diseases from 2015 to 2017. Except for Sindangan which

reported a continued increase in WB cases, all five municipalities have remarkably reduced its morbidity rates on WB diseases.

Table 9– Municipality of Capalonga: 2014-2017 Water-borne Cases

Municipality of Capalonga, Camarines Norte											
Incidence of Water-borne Diseases (Amoebiasis, Acute Gastro Enteritis)											
Year	>1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 up	total
2014	0	0	0	0	0	0	0	0	0	0	0
2015	4	14	4	2	0	1	0	0	0	3	28
2016	1	0	0	0	0	0	0	1	0	2	4
2017 (1 st - 3 rd Q)											

Table 10– Municipality of Basud: 2014-2017 Water-borne Cases

Municipality of Basud, Camarines Norte											
Incidence of Water-borne Diseases											
Year	>1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 up	total
2014	21	33	18	6	2	3	3	3	4	12	98
2015	5	12	4	0	1	3	4	0	0	0	29
2016	15	20	10	1	1	1	0	0	3	2	53
2017 (1 st -3 rd Q)	1	7	8	2	2	1	0	1	1	4	27

Table 11– Municipality of Bobon: 2014-2017 Water-borne Cases

Municipality of Bobon, Northern Samar											
Incidence of Water-borne Diseases (Acute gastro enteritis secondary to dehydration)											
Year	>1	1-4	4-9	10-14	15-19	20-24	25-29	30-34	35-39	40 up	total
2014	10	21	2	1	1	1	1	0	0	0	37
2015	17	14	4	2	0	0	0	0	0	1	38

2016	83	62	18	11	0	7	0	1	0	1	183 ⁵
2017 (1st-3rd Q)	24	31	20	20	6	4	0	1	1	4	99

Table 12– Municipality of Mapanas: 2014-2017 Water-borne Cases

Municipality of Mapanas, Northern Samar											
Incidence of Water-borne Diseases (Diarrhea, Acute Gastro Enteritis)											
Year	>1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 up	total
2014											245
2015											310
2016											484
2017 (1st-3rd Q)											211

(no breakdown submitted by LGU)

Table 13– Municipality of Siayan: 2014-2017 Water-borne Cases

⁵ According to the Municipal Health Officer of Bobon, Northern Samar, the rise in the number of water-borne diseases was caused by the Typhoon Nona in 2015, causing devastation to the homes of the communities, flooding, and unavailability of safe drinking water sources. The rise in WB cases happened between December 2015 and March 2016.

Municipality of Siayan, Zamboanga del Norte											
Incidence of Water-borne Diseases (Diarrhea, Capillariasis)											
Year	>1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 up	total
2014											--
2015											121
2016											86
2017 (1 st - 3 rd Q)											43

(no breakdown submitted by LGU)

Table 14– Municipality of Sindangan: 2014-2017 Water-borne Cases

Municipality of Sindangan, Zamboanga del Norte											
Incidence of Water-borne Diseases											
Year	>1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 up	total
2014											
2015											538
2016	351										1,043
2017 (1 st - 3 rd Q)											

(no breakdown submitted by LGU)

Although it might be early to conclude that the reduction in the morbidity rates of water-borne diseases is attributable to the interventions of the joint programme given that some of the component outputs (i.e. completion of the infrastructure/iWaSH facilities) have not yet materialized. Still, some key actions have contributed in the results and are worth noting.

First, the provision of the Water Quality Monitoring Kits in the latter part of 2015 to 1st quarter 2016 has been valuable in the identification of the contaminated drinking water sources in the target municipalities. In one municipality, drinking water sources tested revealed that majority, 87 out of the 110 water sources, tested positive for E.Coli and Total Coliform. LGUs had the opportunity to immediately take action and communicate this to the community. Some key responses from the local government include community information-drive i.e. advice to source alternative drinking sources or to disinfect water sources thru boiling; distribution of aqua tabs; and disinfection of water sources through chlorine, among others.

From the latest data submitted by the municipality of Mapanas, there was a significant drop in water-borne diseases in 2017. From 484 cases reported in 2016, it has decreased to 211 in the 1st to 3rd quarter of 2017. A rise in WB cases may be observed especially in the Northern Samar areas due to the onslaught of typhoon Nona in December 2015, devastating majority of the areas and leaving communities without food, minimal access to safe drinking water sources, other basic commodities and clothing. In the case of Bobon, the destruction of the communities' homes, continued flooding, and lack of potable water resulted to an increase of 183 WB cases in 2016 from only the 38 reported cases in 2015. In spite of the challenges brought about by the devastation, the 2 municipalities were able to recover and are among the project sites that continued to be active and fully supported the project implementation.

The reduction of WB diseases can also be attributable to the Phased Approach to Total Sanitation (PhATS) initiatives of UNICEF in partnership with the Department of Health. In Mapanas, four (4) barangays in the LGU have actively implemented CLTS activities where 80%-100% of the households have already constructed temporary/makeshift sanitation facilities in the latter part of 2016. To date, two (2) of its barangays have achieved ZOD (G1) status or are declared open defecation free.

Table 15– Status of Community-led Total Sanitation/Zero Open Defecation Activities, Mapanas, Northern Samar

Barangay	Status of CLTS / ZOD activities
Siljagon	<ul style="list-style-type: none"> ACTIVE; On-going implementation 80% of HHs without toilets have constructed their temporary/makeshift toilets
Naparasan	<ul style="list-style-type: none"> ACTIVE; on-going implementation 100% of HHS without toilets have constructed their temporary/makeshift toilets Formulated ZOD ordinance G1 certified/status
Quezon	<ul style="list-style-type: none"> ACTIVE; on-going implementation Out of 132 HHs without toilets, 20 HHs have constructed their temporary/makeshift toilets
Jubasan	<ul style="list-style-type: none"> ACTIVE; On-going implementation 100% of HHs without toilets have constructed their temporary/makeshift toilets G1 certified/status
Magtaon	<ul style="list-style-type: none"> On-going implementation

In Bobon, barangays Sumoroy and Arellano have also achieved ZOD (G1) status. "Community-level ZOD orientations, including on processes of verification and certification led by the concerned MHOs, have been ongoing. The local government has also passed complementary municipal ordinances on the creation of ZOD verification and certification teams. A ZOD monitoring system, which includes monitoring access to water sources, has also been established in both towns maintained by the BHWs, BNS and the MHOs."⁶ In addition, the DOH- *Goodbye Dumi, Hello Healthy* (GDHH) campaign was activated to support further the positive results in the two municipalities. These include:

⁶ SDGF Pro WATER Final Report, UNICEF, October 24, 2017, p.28-29

- Distribution of GDHH posters, flipcharts, diaramas and storybooks through the Municipal Health Offices (MHOs) and Municipal Social Welfare and Development Offices (MSWDOs), with complementary usage training,
- Training on Inter-Personal Communication and Counselling in Mapanas, an important component of C4D, attended by 34 BHWs, BNS, RSIs, and parent leaders from 11 out of the 13 total barangays in the municipality,
- Mentoring of 25 students in Mapanas on Health Educational through the Arts (HEART), the theatrical component of the campaign, and rolling out of the community play in the municipality, and
- Documentation of good practices, e.g., case studies (that will also contribute to Component 3: Generating and Utilising Knowledge)

In Masbate Region where UNICEF/DOH interventions have been most progressive, four (4) barangays are already ZOD certified (G1) and 1 barangay is certified as G2 (See matrix below).

Table 16– List of ZOD certified Barangays in Masbate

Region 5: Masbate LGUs with ZOD certified barangays (Pro WATER sites only)				
Municipality/Barangay	Total No. of HHs	Total No. of Beneficiaries	ZOD certification	Date of Certification
AROROY, MASBATE				
1. Gumahang	399	1,994	G1	October 30, 2015
2. Talib	330	1,649	G2 (G1)	December 8, 2015 August 22, 2014
3. Pangle	204	1,022		
	933	4,665		
MONREAL, MASBATE				
4. McArthur	721	3,607	G1	August 26, 2015
MILAGROS, MASBATE				
5. Bacolod	726	3,631		
6. Cayabon	421	2,105	G1	March 16, 2016
7. Tagbon	350	1,749	G1	April 30, 2016
	1,497	7,485		
CAWAYAN, MASBATE				
8. Recodo	417	2,087		
9. Guiom	445	2,227		
10. Calumpang	243	1,213		
11. Cabayugan	220	1,098		
12. Taberna	320	1,599		
13. Pin-as	246	1,230		
	1,891	9,454		

2. In what way did the capacities developed during the implementation of the joint programme contribute to the achievement of the outcomes?

Local government functionaries and heads of offices, CSO and sector representatives that compose the iWaSH Councils and Teams are able to plan holistically and systematically their goals, targets and investment requirements to increase their access to safe water, sanitation and hygiene by developing an integrated municipal WASH sector plan that is rights-based and results-based oriented. They are also able to implement sanitation programs and activities such as the CLTS, GGDH campaigns, utilize sanitation marketing options for construction of sanitation facilities, and formulate policies, plans and allocate budgets in their municipal WASH work plans thru the assistance of the DOH and UNICEF. LGUs are now better equipped to mobilize communities to put an end to open defecation.

The training on water quality monitoring and water safety planning enable LGUs in ensuring safety of drinking water which they can already implement independently given the organized and trained WSP teams, available tools, and the developed water safety plans. Monitoring is an integral part of water safety planning. Given the close link of sanitation practices water quality, improving sanitation directly contributes in improving water quality and health. Hence, water supply providers can advocate to their consumers that each of them should have toilets at home to avoid contamination of their supplied water.

The Regional WATSAN Hubs are able to better assist the LGUs in planning, budgeting, monitoring, and implementation of the iWaSH approach.

3. How have outputs contributed to the achievement of the outcomes based on performance indicators and explain any variance in actual versus planned contributions of these outputs. Highlight any institutional and/ or behavioural changes, including capacity development, amongst beneficiaries/right holders.

Section 1 of this chapter has already included a lengthy narrative on the contributions of the individual outputs to the programme outcomes (see pages 11-25). A summary of the program accomplishments based on key performance indicators is shown below, instead.

Component 1: Improving governance of Safe Water, Sanitation and Hygiene			
Output 1.1 Structures and mechanisms for safe water, sanitation, and hygiene harmonized and strengthened along sector issues relating to CCA/DRR, PPP and GEWE.			
Output Indicators	Baseline 2014	Target	
		End of Project Target	Actual
a. No. of LGUs adopting the integrated safe water, sanitation and hygiene systems framework.	0	10 LGUs	10
b. No. of LGUs with harmonized structures created for safe water, sanitation, and hygiene.	0	6 LGUs	6
Output 1.2: Policies, plans, programmes integrating gender responsive and rights-based principles of CCA/DRR and PPP for safe water, sanitation, and hygiene are formulated.			
Output Indicators	Baseline 2014	Target	
		End of Project Target	Actual
a. No. of LGUs with policies formulated for integrated safe water, sanitation and hygiene system that mainstreams CCA, DRR and gender equality.	0	6 LGUs	6
b. No. of LGUs with sector plans formulated for integrated safe water, sanitation and hygiene system that mainstreams CCA, DRR and gender equality.	0	6 LGUs	10
c. No. of LGUs with CLUPs that have outcomes, outputs and activities on integrated safe water, sanitation and hygiene system that mainstreams CCA, DRR and gender equality.	0	6 LGUs	2
Output 1.3: LGUs' AIP budgets for safe water, sanitation, and hygiene includes allocations for gender and CCA/DRR.			
Output Indicators	Baseline	Target	

	2013	End of Project Target	Actual
a. No. of LGUs' AIP with budgets for integrated safe water, sanitation and hygiene that includes allocations and expenditures of at least 5% for gender equality and 5% for CCA/DRR.	0	6 LGUs	6
Output 1.4: CSOs engage and participate in policy making, planning, budgeting and monitoring for integrated safe water sanitation and hygiene.			
Output Indicators	Baseline 2013	Target	
		End of Project Target	Actual
a. No. of women CSOs participating in policy making, planning, budgeting and monitoring for integrated safe water, sanitation and hygiene.	1	6 CSOs	6
b. Level of satisfaction of CSO on the engagement and participation in policy making, planning, budgeting and monitoring for integrated safe water sanitation and hygiene.	0	6 CSOs	Highly satisfied
Output 1.5: Women and girls organized to engage with CSOs and LGUs in policy making, planning, budgeting and monitoring for integrated safe water sanitation and hygiene.			
Output Indicators	Baseline 2014	Target	
		End of Project Target	Actual
a. No. of women and girls organized. Year 1 – 20% increase based on 2014 figures Year 2 – 20% increase based on 2015 figures	226	325	464
b. No. of organized women and girls reporting that they regularly participate in policy making, planning, budgeting and monitoring for integrated safe water sanitation and hygiene.	0	At least 50% of organized women and girls report that they regularly participate in policy making, planning, budgeting and monitoring for integrated safe water sanitation and hygiene	
Output 1.6. Social contracts for safe water, sanitation and hygiene are forged between community water users and providers.			
Output Indicators	Baseline 2014	Target	
		End of Project Target	Actual
a. No. of social contracts for safe water, sanitation and hygiene formulated, promoted, and recognized by LGUs and CSOs.	0	6 social contracts for safe water, sanitation and hygiene formulated, implemented, and monitored.	6
Component 2: Demonstrating solutions to broaden access to safe water supply and improved sanitation and hygiene.			
Output 2.1: Integrated safe water, sanitation and hygiene systems demonstrated, accepted and adopted by LGUs and communities for households, health centers, schools and public spaces.			
Output Indicators	Baseline 2014	Target	
		End of Project Target	Actual

<p>a. No. of LGUs, households, health centers, schools and other public spaces adopting models for integrated safe water, sanitation and hygiene systems approach that is climate change resilient and gender responsive.</p> <ul style="list-style-type: none"> • 4,000 households in at least 12 Barangays connected to safe water, sanitation and hygiene systems and declared/certified zero open defecation (ZOD) • 6 health centers connected to safe water systems, and participating in sanitation and hygiene programmes • 6 schools connected to safe water systems, and participating in sanitation and hygiene programmes <p>6 public spaces connected to safe water systems and users are participating in sanitation and hygiene programmes</p>	0	6 LGUs	5
Output 2.2. PPPs forged/created for the implementation of integrated safe water, sanitation and hygiene systems approach between LGUs and private partners.			
Output Indicators	Baseline 2014	Target	
		End of Project Target	Actual
a. No. of PPPs (Private Sector Participation) implemented for integrated safe water, sanitation and hygiene.	1	4 PPPs (Private Sector Participation)	1
Component 3: Generating and Utilizing Knowledge on safe water, sanitation and hygiene.			
Output 3.1: Regional Hubs provides relevant capacity development interventions on integrated safe water, sanitation and hygiene that is climate change resilient and gender responsive.			
Output Indicators	Baseline 2014	Target	
		End of Project Target	Actual
a. No. of Regional Hubs serving as repositories, disseminators, and observatories of knowledge regarding integrated safe water, sanitation, and hygiene.	16 (Established hubs with limited capacity to train for integrated safe water, sanitation and hygiene systems approach that is climate change resilient and gender responsive.)	6 regional hubs assisting, mentoring and coaching LGU and communities for integrated safe water, sanitation and hygiene systems approach that is climate change resilient and gender responsive.	3
Output 3.2: Enhanced learning materials – based on the integrated safe water, sanitation and hygiene systems approach (integrating CCA/DRR, Gender, PPP)			
Output Indicators	Baseline 2014	Target	
		End of Project Target	Actual

a. Toolbox enhanced on integrated safe water, sanitation and hygiene and rolled out to other Regional Hubs.	1	1 Integrated safe water, sanitation and hygiene toolbox rolled out to 16 regional hubs.	11 Knowledge Products developed
Output 3.3: Integrated safe water, sanitation and hygiene promoted to LGUs.			
Output Indicators	Baseline 2014	Target	
		End of Project Target	Actual
a. No. of LGUs adopting the integrated safe water, sanitation and hygiene outside of the target areas.	0	10 LGUs	166 ⁷

4. Who are and how have the direct beneficiaries/rights holders been engaged in the joint programme implementation? Please disaggregate by relevant category as appropriate for your specific joint programme (e.g. gender, age, etc.)

At the LGU level, the direct beneficiaries include the local chief executives, LGU functionaries and heads of offices for health, engineering, planning and development, nutrition, agriculture, environment, social welfare, disaster risk & management, among others. It also includes the ABC presidents, various CSO and sector group representatives from women's groups, senior citizens, education/PTA, youth, PWD, IP, farmers, transport, fisher-folks, and 4Ps beneficiaries. Said group representatives were engaged as part of the iWaSH Councils and iWaSH teams organized under the joint programme as partners in the project implementation. Members of the iWaSH Council performs the roles required of a local oversight and policy making body on integrated safe water, sanitation and hygiene. The iWaSH Teams on the other hand, supervise, monitor and report to the iWaSH Council the progress of implementation of programs, plans, policies and projects on iWaSH, and assist organized local iWaSH associations to set up systems, procedures, and by laws that would ensure sustained operations and maintenance of the iWaSH facilities; and make available mechanisms for community consultations, reporting and feed-backing. Majority of the beneficiaries were recipients to various trainings on integrated safe water, sanitation and hygiene e.g. conduct of iWaSH assessments, iWaSH sector planning, sanitation programming, communications and advocacy, water quality monitoring, water safety planning, infrastructure development, and community organizing.

At the community level, direct beneficiaries include barangay chairmen and elected officers, barangay leaders, CSO and sector representatives (listed above), organized and existing community groups/teams on water and sanitation, barangay local water associations, and community/household members, where majority are women.

The Regional WATSAN Hubs were also a major beneficiary to the programme interventions as well as main partners for the delivery of capacity development under the JP. They were trained as facilitators for implementing the integrated approach at the local level by assisting LGUs and communities develop their local plans and policies. The RHubs also contributed in further refining the tools developed and even localizing them to adapt to the individual needs of the target beneficiaries.

The RHubs were also instrumental in establishing the baseline data (and its subsequent validation) which was the basis for formulating the specific interventions under the JP to address the municipalities' poor WASH conditions. Overall, the trainings conducted among LGUs and the Regional WATSAN Hubs have resulted in the:

⁷ Capacity development assistance given to LGU beneficiaries of SALINTUBIG, specifically on the WATSAN Sector Planning, is already based on the iWaSH Approach. DILG-WSSPMO has reported that a total of 166 LGUs (664 participants) were trained on iWaSH Sector Planning from April-July 2017, thereby adopting the iWaSH approach.

- Increase awareness on the Sustainable Development Goals (SDGs) and deepened appreciation of Goal 6 by programme beneficiaries and stakeholders;
- Expansion of knowledge on water, sanitation and hygiene, making it available to a wider community such as the academe, NGOs, CSO groups and LGU functionaries which otherwise was confined traditionally to engineers and technical persons;
- Accessibility of iWaSH tools to the regional water and sanitation hubs and LGUs which otherwise was available only to consultants and experts;
- Mainstreaming CCA/DRR, gender equality and PPP in conducting assessments, sector planning, infrastructure development, sanitation programming, and community organizing for water, sanitation and hygiene;
- (In the assessments conducted) A consciousness in producing quality data that is disaggregated by sex, age, ethnicity, and levels of inequalities; in a participatory manner, involves communities, women and men. In addition, the initial results of the pilot assessments supported the programme's earlier assumptions on the existing conditions of some of the project sites such as: 1) poor conditions of water supply systems, e.g. exposed pipes, low collection of water tariffs, lack of policies for proper management of water supply systems; use of banned water pipe materials such as those made out as asbestos; 2) Lack of and non-functional sanitation systems in public spaces such as markets and elementary schools.

Through the RHubs, existing capacities in the DILG-OPDS-WSSPMO (and LGUs) are being augmented to implement the government's SALINTUBIG and ADM programs which are now based on the integrated approach.

5. How did the joint programme and its development partners contribute to the achievement of the SDGs?

The joint programme contributes directly to Sustainable Development GOAL 6 specifically on SDG Targets 6.1, 6.2 and 6.3 based on its key outcomes and interventions.

SDG, targets	JP Actual Contributions
<p><i>SDG Target 6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all.</i></p>	<p>A total of 51,735 beneficiaries in 27 priority barangays identified from iWaSH facilities to be developed and related project activities. 2 LGUs have started with the construction of the iWaSH facilities and the rest are finalizing the DEDs and/or are already in the procurement stage.</p>
<p><i>SDG Target 6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.</i></p>	<p>The JP targeted to declare and certify at least 12 barangays in the 10 municipalities to be free from open defecation (ZOD). To facilitate the implementation, community groups were organized e.g. integrity monitors, barangay iWaSH associations and CLTS teams/committees, where women (and girls) are represented fully giving them opportunities to play significant roles in the planning & development, operations and maintenance of iWaSH facilities, and in promoting and advocating for iWaSH.</p>

	Sanitation Marketing (SANMARK)/Low cost sanitation technologies have been introduced in all LGUs. LGUs are committed to expend 10% of their SALINTUBIG fund on sanitation. 6 LGUs have been conducted CLTS triggering activities where action plans have been formulated to end OD in the municipality i.e. pass ZOD ordinances, allocate budget for low cost sanitation facilities, conduct of post-triggering activities, among others.
<i>SDG Target 6.3: By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally.</i>	Trainings on Water Quality Monitoring and Risk Assessment, Water Safety Planning, and the introduction of low cost sanitation technologies to eradicate as a means to increase sanitation and other related capacity development assistance enable LGUs to better plan for and manage their water resources, at the same time establish controls/measures to prevent water source pollution based on available tools that can be used to gather and interpret data and information of the municipality's WASH conditions
Contribution to other SDGs, targets	
<p>GOAL 2</p> <p><i>Increased access to basic services such as safe water, sanitation, and hygiene increases immensely the well-being of communities especially women and children, where WASH plays an important role in the critical first 1,000 days of a child's life. A wide range of preventable diseases are leading causes for child mortality and morbidity. Children (and even adults) are not only threatened by malnutrition/undernutrition but also by deadly infections that are often caused by the lack of safe water supply, absence of sanitation facilities and hygiene practices. The JP primarily contributes to SDG targets 2.1 and 2.2</i></p>	A total of 2,659 girls participated in group hygiene activities in schools and daycare centers as part of WASH in schools/ECCD programme in Masbate. On-going WASH interventions by UNICEF complement the nutrition programs of LGUs in Mapanas and Bobon. Budgets for WASH-Nutrition have also been allocated by Region 8 municipalities due to the undeniable link of increased access to WASH in the prevention of water-borne diseases especially among infants/children and the elderly.
<p>GOAL 3</p> <p><i>The JP aspires for the overall health and well-being of communities in the 10 waterless municipalities through increased access to safe water, sanitation, and hygiene services not only at the household levels but in public spaces such as health centers, schools, day care centers, and public terminals. Special emphasis is given to SGD target 3.3 under this goal where increased access to WASH can contribute to "ending the epidemics of AIDS, tuberculosis, malaria and</i></p>	Increased access to safe water, sanitation and hygiene services in the 10 target LGUs thru provision of water quality testing kits, formulation of water quality and risk assessment plans, development of water safety plans, capacity development assistance on sanitation programming (CLTS, PhATS, SANMARK), formulation of local policies to support Zero Open Defecation and institutional reforms on WASH, infrastructure development and

<p><i>neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030". The JP likewise contributes to SDG targets 3.1 and 3.2.</i></p>	<p>strengthening of local WASH service providers and integrity groups.</p> <p>A significant drop in water-borne cases has been reported in Region 8 particularly in the municipality of Mapanas, Northern Samar following specific iWaSH interventions by the programme i.e. provision of water quality testing kits and conduct of ZOD program-related activities. From the 216 water-borne cases reported in 2015, it dropped to 136 cases (or 62%) in April 2016. LGU and community actions e.g. boiling of water, distribution of aqua tabs, dis-infection of water sources, sourcing of alternative water sources, among others were immediately taken after their drinking water sources were tested, where majority (87 out of the 110 WS) tested positive for E.Coli and Total Coliform</p>
<p>GOAL 4</p> <p><i>One of the leading causes of school absenteeism is the lack of access to safe water, sanitation, and hygiene. Intestinal infections (e.g. diarrhea and worm infestations), lack of privacy among girls in puberty and those menstruating, risks of being bitten by snakes or wild animals (and even reported cases of sexual harassment) are only a few of the common problems faced by communities due to unsafe drinking water, poor hygiene practices, and lack of sufficient, safe and functional sanitation facilities.</i></p>	<p>Allocated budgets for water supply infrastructure development and introduction of low cost sanitation options and promotion of potential livelihoods for sanitation marketing will improve communities' access to safe water, sanitation, and hygiene. Safe water, sanitation and hygiene promotion programs in schools complement the infrastructure component of the programme.</p>
<p>GOAL 5</p> <p><i>As the JP focuses on the increased participation, opportunities, and over-all well-being of women and girls through increased access to safe water, sanitation, and hygiene services, the programme contributes to SGD targets 5.1, 5.2, 5.4, 5.5, 5.a, 5.b, and 5.c.</i></p>	<p>A total of 3,277 women and 1,426 girls have participated in iWaSH trainings on sanitation programming, CO/SP activities and sector planning workshops conducted under the programme, with the objective of increasing participation, opportunities, and over-all well-being of women and girls through increased access to safe water, sanitation, and hygiene services.</p>
<p>GOAL 10</p>	<p>One of the major beneficiaries of the programme is 'Indigenous Peoples' and groups to gain equal opportunities and access to safe water, sanitation, and hygiene. The selection of beneficiary LGUs was also based on the greater number or population of IPs to be benefitted by the programme.</p>

	<p>The JP contributes to SGD targets 10.2 "empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status" and 10.3 "ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies, and action in this regard."</p>
<p>GOAL 13 <i>At the end of the programme, climate resilient iWaSH facilities (where WASH infrastructure designs can withstand the effects of natural disasters) are in place, budgets are allocated for CCA and DRR in the LGU iWaSH Sector Plans, and LGUs/communities are educated in climate change, mitigation, adaptation, impact reduction, and early warning. The JP contributes to SDG targets 13.1, 13.2, 13.3 and 13.b.</i></p>	<p>10 LGUs (target of 6 plus 4 Masbate LGUs) have formulated their Results-based LGU iWaSH Sector Plans, with a total of Php571.69M targeted investments for iWaSH e.g. climate resilient iWaSH facilities that can withstand the effects of natural disasters, capacity development on CCA/DRR in the next 5-10 years.</p>
<p>GOAL 14</p>	<p>The programme's goal to end open defecation (especially on coastal areas) in at least 12 barangays in the ten municipalities is a starting point for minimizing marine pollution through active community participation and action.</p> <p>2 LGUs (Region 8) have passed barangay ordinances to end open defecation. 1 barangay Mapanas (Jubasan) is already declared ZOD and 3 barangays are actively implementing CLTS where 80%-100% of the HHs have already constructed temporary/makeshift sanitation facilities and are set to be declared ZOD by June 2017. In Masbate Region, four (4) barangays are already ZOD certified (G1) and 1 barangay is certified as G2.</p>
<p>GOAL 15</p>	<p>Passage of resolutions and local ordinances for the protection and conservation of water sources by LGUs is one of major policies being targeted under the programme.</p> <p>The creation and institutionalization of the iWaSH Councils in 6 LGUs to serve as the local oversight and policy making body on integrated safe water, sanitation and hygiene will ensure the protection and conservation of water sources through ordinances and/or resolutions passed on WASH.</p>

6. What was the impact of the **matching funds** in programme design, management and implementation?

The matching funds contributed immensely in the design, management and implementation of the programme, primarily augmenting the resources needed for the start-up and completion of project activities, especially when the JP experienced some delays in the release of SDGF funds due to the long process of consultations and approvals of implementing agencies. As in the case of UNICEF, majority of these funds have been allocated for sanitation and hygiene programming in the Masbate and Northern Samar areas. In Masbate alone, WASH programs have been implemented in 144 schools and 264 daycare centers, 15 barangays have been declared ZOD (G1) and 2 barangays are declared G2, 96 barangays were able to conduct post triggering activities, and at least 13,053 individuals reached by hygiene promotion activities in 2016.

As part of the WHO counterpart funding, the water safety plan guidelines, tools and templates were developed for LGU-managed and community-based water supply systems. These materials were used during WSP trainings, coaching and mentoring and in the review of the 10 WSPs.

The additional counterpart funds of DILG for infrastructure development, on the other hand, have increased the water supply coverage of the target municipalities, benefiting more barangays and communities. Recently, DILG has allocated an additional Php4 M for the printing and distribution of the iWaSH Tool Kit.

Lastly, UNDP's matching funds facilitated not only the achievement of targeted outputs but also supported the sustainability of interventions in the scaling up/replication of the integrated approach in the additional 6 municipalities in Regions 10, 11 and 12. Sustainability actions by Regional Hubs 5, 8 and 9 in Pro WATER areas are also being supported by said matching funds.

7. What were the programme's achievements in terms of its contribution to the targeted cross-cutting issues?

a. Gender equality and women's empowerment⁸

The programme continuously promoted and employed approaches on women empowerment and gender equality in all its project activities:

The JP together with the Regional WATSAN Hubs (with the support from LGUs) ensure that at least 30% of participants in meetings, workshops, consultations, and knowledge events on iWaSH policy making, planning, budgeting and monitoring, are women (and girls, if applicable). The JP also made sure that at least thirty percent (30%) of positions in the structures/organizations for iWaSH such as the Municipal iWaSH Councils, iWaSH Teams, the i-BWASAs, and Citizens/Integrity Groups are occupied by women. The JP firmly believes that the participation of women in elected positions increases women's ability to access resources and decision making for WASH.

The JP conducted GAD Workshops and GSTs with RHubs and LGUs in 2015 and GAD materials on WASH were provided to the RHubs and LGUs thereby increasing capacities of duty bearers and claim holders in mainstreaming gender equality dimensions in the design and implementation of iWaSH programmes, projects and activities and in increasing capacities of women and girls to access and control resources for WASH and in making decisions that will bring about equity and equality in WASH at the community level.

⁸ Results and contributions were based on the Pro WATER GAD Report, 2016

The JP mainstreamed gender dimensions in all its iWaSH tools (e.g. assessment, communications, presentation materials, etc.) and knowledge products. The Integrated Safe Water, Sanitation and Hygiene Assessment Tools mainstreamed the following gender equality dimensions in measuring the state of access and quality of services on water, sanitation, and hygiene.

- Inequalities in access to safe water, sanitation, and hygiene among women, girls, and men
- Participation of women and men in WASH
- Gender division of labor affecting access to safe water, sanitation, and hygiene
- Productive and reproductive roles of women and men affecting access to safe water, sanitation, hygiene
- Practical and strategic gender needs on safe water, sanitation, and hygiene
- Multiple burden among women and girls affecting access to safe water, sanitation, and hygiene
- GAD planning and budgeting for safe water, sanitation, and hygiene

In order to systematically measure gender inequalities at the project site level, collection of sex disaggregated data and Gender Analysis were conducted in 2015 as part of the baselining requirements of the JP. An assessment on the quality of GAD mainstreaming by LGUs was also conducted.

The tool for iWaSH Sectoral Planning allowed local planners to use sex disaggregated data and results of gender analysis gathered during the assessment. The tool also included gender dimensions in the following:

- Theory of Change (TOC) - where women and girls are identified as direct beneficiaries of WASH;
- Results, Resources Framework (RRF) - indicators and targets for gender.

The joint programme target of *increasing the levels of participation among women and girls in the planning, decision-making, monitoring, and implementation of safe water, sanitation and hygiene projects and programs*, guide the crafting of project activities and related interventions to promote women’s empowerment and gender equality. In the development of iWaSH infrastructure systems, the needs of women and girls (with the inclusion of IPs and PWDs) are prioritized, which are reflected in the standard technical drawings on safe water supply, sanitation and hygiene. The formation of community teams and local iWaSH associations as well as the implementation of community-based actions e.g. CLTS triggering activities, development of community murals, among other were led generally by women.

It is also the conscious effort of programme partners to engage more women (and girls) and record sex disaggregated data during the conduct of trainings, workshops, community consultations, and other project-related activities.

In terms of budget allocations for gender in the JP, eighty percent (80%) of the total project cost was geared towards women (and girls) participation thru gender responsive interventions. Gender is integrated in the three programme components, which include and account for the following:

JP Components	Project Cost	% to Total Project Cost
Component 1	\$474,432	32%
Component 2	\$243,347	16%

Component 3	\$488,665	33%
Total	\$1,206,444	80%

Specific project activities include:

- Gathering of sex disaggregated data
- Conduct of gender analysis
- Conduct of GAD Orientations and Gender Sensitivity Workshops
- Planning, design and implementation of the iWaSH operational framework integrating GEWE principles
- Planning, design of assessment tools and execution of actual assessment on Gender
- Planning, design and development of LGU policies and plans on iWaSH where gender is a priority and budgets are allocated
- Planning, design and execution of community organizing and social preparation activities to organize local iWaSH associations and integrity groups where majority of the members are women (and girls)
- Planning, design and execution of iWaSH models i.e. infrastructure and iWaSH-related programmes (e.g. Water Safety Planning, ZOD/CLTS, etc.)
- Planning, design and execution of the programme's communication plan where main target groups include women and girls.
- Planning, design and dissemination of iWaSH knowledge products where GEWE principles are integrated
- Salaries of in house Gender Expert and M&E Officer to track gender data and related information

b. Public-private partnerships

The joint programme stimulated a high interest on sanitation financing from the municipal level and on organizing sanitation entrepreneurs at the community level during the SANMARK trainings, validating the potential for establishing small scale PPPs by encouraging partnerships between the LGU/community and local private shops/businesses, service-oriented firms, and private water supply service operators & associations that can contribute to on-going activities e.g. design for WASH infrastructure systems, low cost sanitation technologies, provision of capacity development assistance on WASH, advocacy and promotion, among others. This was reinforced in the learning event conducted in June 2017 where the private sector, WASH entrepreneurs, WASH practitioners, NGOs, and local governments to advocate Public-Private Partnerships in Integrated Safe Water, Sanitation and Hygiene (iWaSH) Programming thru mutual opportunities for capacity building and institutional strengthening (e.g. provision of technical and advisory assistance/services on WASH), complementation and mobilization of resources on WASH, and the provision of alternative financing and technology solutions to effectively deliver WASH services and meet the demands of target communities. The continued partnership with Maynilad Water Academy based on an MOU looks at how iWaSH can be integrated in their current capacity development program. Currently, Maynilad Water Academy is tapped in trainings on iWaSH by the DILG for SALINTUBIG and ADM LGUs, particularly on PPP engagement thru technical and advisory assistance.

The PPP for a Level II Water Supply System established in Region 5 between the Coca Cola Company and the Municipality of Basud was facilitated by the Regional WATSAN Hub 5, which was fully supported by the JP.

c. Sustainability of results

Even with the end of the programme, the DILG will ensure that WASH targets included in the LGU iWaSH Sector Plans are integrated in the Annual Investment Plans (AIPs), Comprehensive Land Use Plans (CLUPs), and in the Comprehensive Development Plans (CDPs) by supporting the sustainability actions of the Regional WATSAN Hubs through its on-going programs like the SALINTUBIG and ADM, as well through the Goal WASH funded project. This will ensure that programs and projects on WASH are prioritized and budgets are allocated. The DILG will also ensure that LGU resolutions are passed to support the adoption of the LGU iWaSH sector plans, post ZOD-related activities, among others.

The iWaSH governance project being funded by UNDP-SIWI builds on the gains of the on-going Joint Programme on Pro WATER. It is a strategy to localize the SDG specifically in 455 waterless municipalities addressing key governance issues such as the fragmentation of policies, structures, and programmes and the lack of participation of community groups, especially women and girls, that continually hamper the efficient delivery of safe water, sanitation and hygiene. The programme is also designed to mainstream cross cutting concerns such as CCA, DRR, gender equality and public-private partnerships. The iWaSH Governance program supports the replication and scaling up of the iWaSH approach to other LGUs in Regions 10, 11 and 12, as well as strengthening other regional hubs implement the integrated approach. The Regional Hubs will be the key players in the iWaSH capacity development program being pursued by the DILG to assist LGU beneficiaries for SALINTUBIG/BUB/ADM. Under the same program, the development of the national policy on integrated safe water, sanitation and hygiene will facilitate the coordination among sector (and related) agencies in implementing WASH programs. Sector agencies including UN implementing organizations have recognized the importance of the iWaSH approach and now integrate it in their existing programs and projects.

DILG through its Office of Planning and Development Services-Water Supply and Sanitation Project Management Office is actively mainstreaming the iWaSH approach in its water supply and sanitation capacity development program for LGU recipients under the SALINTUBIG, BUB (Bottom-up Budgeting) and ADM (Assistance to Disadvantaged Municipalities) programs. Starting 2nd quarter of 2017, the DILG-WSSPMO utilized the training module on Results-based iWaSH Sector Planning to develop the WASH sector plans in waterless municipalities in Regions 1, 2, 4A, 4B, 5, 6, NIR, 8, 9, 10, 11 and 12. The 2018 SALINTUBIG guidelines for LGUs will also be revised to integrate the iWaSH approach. DILG actively advocates for the integration of the iWaSH approach in the design of the new/successor water program 2018-2022 to other sector agencies such as Local Water Utilities Association (LWUA), Department of Health (DOH), National Water Resources Board (NWRB, and the National Anti-Poverty Commission (NAPC). The DILG further advocates the integrated approach through its inputs to the NEDA-draft Executive Order (EO)-“Adopting a Policy that Sets the Direction for the Integrated Management, Development, Utilization, and Regulation of the Water Resources of the Philippines”, with emphasis on the roles of LGUs in the delivery of safe water, sanitation and hygiene services, through an integrated approach to WASH.

DOH, on the other hand, will be issuing a national policy mandating all regional offices to implement PhATS, supported by GDHH as its official health promotion and communication campaign, as mechanism to contribute to the achievement of ZODP and the Nssp. The National Early Childhood Care and Development Council has also endorsed the WASH in ECCD component of the campaign, and is expected to be approved for integration within the curriculum for day care workers. The GDHH, a brainchild of UNICEF with the assistance of the Center for Health Solutions and

Innovations Philippines, Inc. (CHSI), was widely promoted with the partner LGUs and the RHubs (including those not directly participating in PRO-WATER) during trainings, workshops and knowledge exchange activities.

d. Environmental sustainability

Risk assessment, as part of water safety planning, identifies water quality issues that can affect the delivery of safe water. This approach will benefit water sources since water safety planning provides guidance on hazards that may come into water and how these hazards can be managed and controlled sustainably. In the same manner, zero open defecation is one of the control measures that promotes water source protection to avoid contamination.

The baseline assessments and analyses on CCA/DRR in the 10 municipalities have been considered/incorporated in the iWaSH Sector Plans, and also in the Feasibility Studies (FS), and Detailed Engineering Designs (DEDs) i.e. budget allocations and design (and location) of iWaSH facilities which are CCA/DRR resilient.

8. Describe the extent of the contribution of the joint programme to the following categories of results:

- Principles of the **Paris Declaration**, i.e. leadership of national and local governmental institutions, involvement of CSO and citizens, alignment and harmonization, and innovative elements in mutual accountability (justify why these elements are innovative)

Leadership of national and local governmental institutions

At the national level, sector agencies have recognized the need to pursue the iWaSH approach. Several initiatives have already been undertaken by the DILG to raise this at the national level:

- iWaSH Framework has been integrated in the proposed design of the successor Water Program (SALINTUBIG) for 2018-2022, where components on WASH shall be implemented in an integrated manner which will cover not only infrastructure but as well as social aspects e.g. CO/SP activities, results-based sector planning, among others. Costs for implementation of projects and programs using the iWaSH approach will be based on the experience of the Pro WATER pilot sites. The successor program will also include results-based planning, monitoring and evaluation of programs and projects on WASH. DILG shall continue to lead in the capacity development and infrastructure components of the successor program for non-water district areas.
- iWaSH principles (i.e. HRBA/results-based integration approach to WASH, mainstreaming CCA/DRR and gender) and emphasis on LGU's responsibility for efficient delivery of basic services that include water, sanitation and hygiene have been incorporated as comments to the NEDA proposed Executive Order (EO) on "Adopting a Policy that Sets the Direction for the Integrated Management, Development, Utilization, and Regulation of the Water Resources of the Philippines."
- From April-present, DILG has conducted the Results-based iWaSH Sector Planning in SALINTUBIG and BUB municipalities in Regions 1, 2, 4A, 4B, 5, 6, NIR, 8, 9, 10, 11 and 12.
- Partnership is being explored with LGA to develop a module on iWaSH to be integrated in the WEBINAR course regularly given to LGUs. Through the WEBINAR, the programme expects more LGUs to be reached by iWaSH.

- The Department of Health has exercised its mandate on water and sanitation as it led activities on sanitation and water safety. In the course of the project, three (3) related policies were developed and implemented: National Policy on Water Safety Plan (DOH Admin Order No. 2014-0027; National Policy on WSP Review and Approval (DOH Admin Order No. 2017-006; and Philippine National Standards for Drinking Water (DOH Admin Order No. 2017-0010).

At the local level, iWaSH is now a priority of beneficiary LGUs as evidenced in their medium and long term (5-10 years) targets and investment requirements to increase access to safe water, sanitation, and hygiene in the form of infrastructure development and rehabilitation of iWaSH facilities, capacity development programs to organize barangay iWaSH associations and community groups, sanitation and hygiene promotion/advocacy, provision of materials and equipment for water quality monitoring, among others.

- LGUs have also committed to include iWaSH targets in their Annual Investments Plan (AIPs) and Comprehensive Development plan (CDPs). The Municipality of Mapanas has already included iWaSH targets in their CDP, while remaining LGUs will include investment requirements on iWaSH in their AIPs. Water Quality Tests, procurement of re-agents and WQ testing supplies, and the development of water safety plans have been incorporated in the iWaSH sector plan and were allocated budgets to support its implementation.
- The creation and institutionalization of the iWaSH Councils in six LGUs to serve as the local oversight and policy making body on iWaSH will ensure the sustainability of the interventions through ordinances and/or resolutions passed to support the proposed institutional reforms on WASH. The iWaSH Councils and teams were created through enactment of LGU ordinances and Executive Orders.
- LGUs remain committed to expend 10% their SALINTUBIG grants for sanitation i.e. construction of low-cost sanitation technologies, implementation of the CLTS/ZOD program, among others.

Private Sector Participation

The Maynilad Water Academy continued to participate in the Technical Working Group meetings and consultations. The Academy has shared its existing program on water resources management. A dialogue on PPP is planned on the 4th quarter 2017 to elaborate on the proposed activities under the partnership i.e. how the iWaSH approach can be integrated in their existing courses and modules and their assistance developing the training module and conduct of the Sustainability Training on iWaSH for the 15 Regional WATSAN Hubs. Establishing PPPs at the local level was supported by a learning event in June 2017, where partnerships with microfinancing institutions for WASH and local hardware and service suppliers were targeted.

Civil Society Participation

Civil society representatives from various sectors such as the youth, senior citizens, 4Ps women leaders, fisherfolks, parent-teachers associations, transport, teachers, barangay health workers with the inclusion of IPs and PWDs were actively involved during the conduct of LGU iWaSH sector planning, community organizing and social preparation activities, and in orientation-trainings on PhATS, sanitation marketing, and WASH in schools/ECCD. They have contributed in establishing and validating existing conditions on WASH, in formulating action plans for sanitation and water quality, and in setting the targets and investment requirements to increase access to safe water, sanitation, and hygiene. CSO members of the Regional WATSAN Hubs continue to

assist the programme in terms of capacity development interventions particularly in the organizing and social preparation activities. International NGOs such as Relief International, CHSI, and the ACF continue to do substantial complementary work on sanitation and hygiene in project sites in Masbate.

Academia Participation

Jose Rizal Memorial State University (JRMSU) and Bicol University (BU) remained as RHub lead implementer/responsible partner for the funds management and local implementation of iWaSH activities in Regions 5 and 9 based on the amended MOA with the DILG. Both universities have integrated the Pro WATER programme in their research and extensions program, which results to mainstreaming iWaSH in their organization and provision of counterpart funding i.e. staffing and specific budget for operations.

Schools in Masbate were instrumental in the Win⁹S program of UNICEF. One hundred sixty-two (162) elementary school teachers were trained on the Child-to-Child Approach for WinS conducted by AAH in each of the PRO-WATER municipalities. The teachers are part of the WinS Patrols responsible for delivering hygiene training and promotion in their respective schools. WinS Patrol advisers developed their nine-week hygiene promotion rollout plan and in turn, trained children who were selected to be hygiene champions in their schools.

Current situation of the government, private sector and civil society on regards of ownership, align

- DILG and DOH have recognized the importance of the iWaSH approach and have gradually integrated this in their existing programs and projects. For DILG, it has now been integrated in their capacity development program and SALINTUBIG Guidelines for 2018 implementation. DOH has so far agreed in the integration of the iWaSH approach in the successor water program for 2018-2022, where proposed budgets will cover not only infrastructure on WASH but as well as capacity development/soft component aspects of the program.
- Beneficiary LGUs have been very active in the project implementation of the program. The iWaSH approach has now been adopted in the 10 sites evidenced in their continued support to the program and delivery of programme outputs e.g. iWaSH sector plans, local policies on iWaSH, organized barangay iWaSH associations through the assistance of the Regional Hubs. Targets and investment requirements have been committed to the sector plans and have now been reflected in their Annual Investment Plans and soon in their CDPs and CLUPs. The LGU also ensures that representatives from various sector groups are well represented during consultations, trainings, and assemblies.
- Communities in beneficiary barangays are actively participating especially in the community organizing and social preparation activities as well as other trainings provided by the programme. They have contributed in setting the targets of the sector plans and have been vocal in their aspirations to have clean and safe water and increased access to sanitation and hygiene services which reflects the LGU's over-all goal on WASH (based on ToC developed).
- The Regional Hubs have taken the lead in the management of funds and implementation of project activities at the local level. Sustainability actions have been developed to continue with the interventions even after the closure of the JP.

⁹ SDGF Pro WATER Final Report, UNICEF. October 24, 2017, p. 30

Other Regional Hubs across the country are being trained to replicate the iWaSH approach and implementation in all SALINTUBIG and ADM programs of DILG. The strengthening of the RHubs is currently being supported by the DILG based on the modules/knowledge products developed in the JP.

- **Delivering as One**, i.e. Role of Resident Coordinator Office and synergies with other ongoing development interventions in related areas, innovative elements in harmonization of procedures and managerial practices (justify why these elements are innovative), joint United Nations formulation, planning and management

Firstly, the integrated approach articulates into one the individual goals and subsequent contributions of the participating UN agencies towards increasing access to safe water, sanitation and hygiene based on the Philippine government’s priorities as well as contributing to the targets of SDG 6. Hence, it reinforces synergies with on-going development interventions by UN agencies, resulting to increased transparency and accountability by eliminating overlaps and redundancy, and improving cost effectiveness through joint programming.

Secondly, the joint programme is guided by a Unified Results, and Resources Framework and a Performance M&E Framework based on agreed targets, outputs, indicators, and procedures which were later translated to joint actions or interventions for safe water, sanitation and hygiene.

Thirdly, the joint programme utilized a harmonized procedure for planning, management, and implementation as further discussed below:

Managerial practices (financial, procurement, etc.) implemented jointly

Programme development partners followed the agreed Theory Change, Joint Programme Work Plan and budget, Performance M&E Framework and M&E Plan in the implementation of project activities, monitoring and reporting of physical, financial progress as well as results of the programme i.e. agreed targets/outputs/activities, monitoring and reporting schedules and procedures. The JP also followed the Harmonized Cash Transfer and NIM Guidelines for its financial, procurement, and administrative processes. The budget re-alignment and revisions to the JP work plan were also jointly undertaken, endorsed and approved by implementing agencies.

Joint analytical work (studies, publications, etc.) undertaken

It was earlier agreed with programme development partners that all analytical work (e.g. publications, tools, etc.) will be done jointly by to ensure that safe water, sanitation, and hygiene are given equal importance/emphasis in the programme. Initial actions to this joint analytical work include the development of the iWaSH conceptual framework and the development of the iWaSH Assessment Tools and Training Module. At the operations level, project activity designs for trainings, workshops, meetings, and other capacity development activities, were jointly developed by partners. Also, the preparation of progress reports (quarterly, bi-annual and annual) was also done jointly thru the regular Technical Working Group Meetings and submission of reports by partner agencies.

The joint programme was able to produce eleven knowledge products (e.g. the iWaSH Framework and iWaSH targets/indicators, Guidelines to CO/SP and Infrastructure Development, 7 training modules on iWaSH, iWaSH Assessment Tool, etc.).

Joint activities undertaken

Project activities undertaken jointly by UN implementing agencies under the JP include:

- Year-end assessment and planning workshops for the formulation of the Annual Work Plans.
- Regular Technical Working Group meetings for the joint programme development/design of project activities and tools, progress reporting, and discussion & resolution of program implementation issues, if any. Major activities conducted at the level of the TWG include:
 - Finalization of the iWaSH Operational Framework and iWaSH Targets/Indicators during Technical Working Group Meetings
 - Development of the Terms of Reference and Communications and Dissemination Plan for the Final Evaluation of the JP
 - Review and approval of the Regional Hub Annual Work Plans and budgets.
 - Development of the iWaSH Assessment Tools and Training Module
 - Conduct of the Facilitators Training on the iWaSH Assessment Tools
- Conduct of the National Steering Committee and Program Management Committee Meetings for joint programme progress reporting and planning (2015-2016).
- Learning/Knowledge Exchanges e.g. iWaSH Knowledge Exchange for Regional Hubs 5, 8, 9, 10, 11 and 12 (December 2016) where progress of the joint programme was presented and experiences of the Regional Hubs partners in the JP were shared to other regional hubs for replication and scaling up on iWaSH interventions in regions 10, 11 and 12, Sanitation Learning Tours, Sanitation Learning Exchange, PPP Learning Exchange: Sanitation Marketing;
- Regional JP missions, consultations, monitoring/field visits (2015-2017)
- Initial consultations on the development of a national iWaSH policy through consultation meetings with programme development partners and other stakeholders (2017)

Coordination structures and decisions to ensure joint delivery

The JP maximized the established coordination mechanisms at the national, regional and local levels thru the following:

- The National Steering Committee (NSC) and the Programme Management Committee (PMC) provided the guidance and direction on important decisions for project steering and implementation i.e. clarification & definition of targets, endorsement and approval of work plans and budgets, among others.
- The Technical Working Group (TWG) ensures all WASH issues are resolved and given emphasis, project activity collaborations are established, and provide substance and content to project activity designs and tools, which also guides the Programme Management Office (PMO) on its day-to-day operations. In the latter part of 2016, an AECID representative has officially become a member of the Technical Working Group (to be updated of the progress of implementation and participate in the discussion and decision-making on issues, and directly feedback to the funding organization). In January 2017, the Regional Hubs were also invited in the Technical Working Group Meetings to closely coordinate and report on the progress of implementation at the local level.
- A National Coordinator engaged in the PMO further ensures collaboration among programme partners.

- At the local level, the Regional WATSAN Hubs continue to be the programme's partner to deliver capacity development assistance to LGUs and communities.
 - The regional, provincial and municipal offices of the DILG and the DOH continue to facilitate local implementation, providing advisory, coordination, and logistical support especially in mobilizing the LGUs and communities.
9. Indicate which of the planned activities were not implemented, which unplanned activities (in any) were implemented and, in each case, for what reasons and with what impact.

Although there were supporting activities for establishing PPPs such as the trainings and actual conduct of sanitation marketing and the learning event on PPP on iWaSH, only one PPP was established thru the assistance of the Regional WATSAN Hub 5 between the Municipality of Basud, Camarines Norte and the Coca Cola Company for the provision of a Level 2 Water Supply System benefiting three barangays. Majority of the activities on PPP were done belatedly due to competing project activities and availability of local partners.

At the programme management level, the PMC and NSC meetings were not conducted before the end of the JP in June 2017. In spite of the program closure, the DILG-PMO still committed to conduct both PMC and NSC before the end of the year.

Part of the M&E Plan is the conduct of a perception survey to determine the level of satisfaction of CSOs and women & girls in terms of their engagement in the programme. This did not push thru as designed but was compensated with one-on-one interviews and focus group discussions during the conduct of evaluation missions in selected municipalities. Among those interviewed include CSO members of the Regional WATSAN Hubs, organized i-BWASAs, members of the iWaSH Councils particularly member CSO and sector representatives. Generally, interviewees were highly satisfied (and even grateful) with their engagement especially the articulation of the integrated approach in the project activities. Collectively, they said that agencies in government should continue with the integration process because access to safe water, sanitation and hygiene services should already be a "lived reality" for them. The results of these interviews were documented in separate mission reports per municipality. There were also a number of limitations to the conduct of the survey. A number of i-BWASAs and citizens groups were only organized a few months before programme closure in June 2017. Also, the remaining months of the programme were devoted to the completion of all major targets. The conduct of the perception survey (as designed) can be continued under the on-going iWaSH Governance Program.

III. GOOD PRACTICES AND LESSONS LEARNT

10. Describe key lessons learnt and best practices that would be relevant to the design and implementation of future joint programmes in this area.

Joint Programme Modality

True to the expectations of programme development partners, the collaboration of UN agencies will further strengthen multi-sector cooperation and ownership among the key stakeholders to work together and address the multi-dimensional challenges that face the sector.¹⁰ Although multi-sector collaboration and partnerships have been done in the past, the joint programme can be credited for initiating the move towards concrete integration of the sectors on water supply, sanitation and hygiene, which is now being adopted by its lead national implementing agency. While each of the UN agency and government partner may have already included the three in their programs and projects, the reality at the ground is still very much

¹⁰ Justification on the Joint Program Modality, SDGF- Pro-WATER: Promoting Water and Sanitation Access, Integrity, Empowerment, Rights and Resiliency Program Document, October 2014

different. LGU beneficiaries have articulated that assistance from government and donors have always come in separate arrangements and interventions. Although this has offered more funding opportunities for the LGUs, it has resulted to a competition of project implementations among the minimal and sometimes capacity-challenged staff of local governments.

The efforts to converge geographically and thematically have also proven to be cost effective as the same resources are pooled to achieve the same agreed outcomes and results, thereby creating more impact due to the expertise, rich experience, and proven technologies and tools each agency brings in the programme. The joint programme has also been seen to have influenced reforms in the sector. There is now a move towards the integration of the two roadmaps: the Philippine Water Supply Sector Roadmap and the Philippine Sustainable Sanitation Roadmap, where the DILG and DOH are key players to the process. Although this was initiated and led by the National Economic Development Authority (NEDA), DILG and DOH's experience and the gains of the joint programme in the integration process are guaranteed to be part of the discussion.

Joint Programme Missions/Consultations at the local level

The missions conducted in the target municipalities revealed important insights on how to make operational the framework on integrated safe water, sanitation, and hygiene. In fact, the solutions to address the need for access to safe water, sanitation, and hygiene overlap each other. It also validated that water supply and sanitation cannot exist without the other. Otherwise, all efforts on WASH will not be sustained. There were municipalities that have sanitary toilets and handwashing facilities yet remained not functional due to lack of water supply. Some of these sanitary facilities are even new and were constructed using high-end materials, but again, are not being used by the community because there is no water available. These facilities ended up either locked (as it cannot be maintained) or abandoned.

The missions were also useful in engaging the communities about the programme. They felt comfortable in sharing information about their WASH conditions and have clearly articulated their needs, and their willingness to contribute in the process. It also facilitated dialogue among the municipal staff and DILG who came with the mission team, barangay leaders, and the community. It provided the community a sense of assurance that their local government is serious in improving their conditions. The missions were also a good opportunity for monitoring and documenting results.

Regional WATSAN Hub as delivery mechanism for capacity development

In spite of the challenges faced by RHubs in implementing the project activities and issues relating on their existing capacities and institutional arrangements, the RHubs still prove to be an effective mechanism to deliver the needed assistance to local government units. For one, they have an extensive knowledge and richer experience in implementing projects in the target areas. Limitation on certain skills and knowledge especially on introducing a new approach to WASH programming can be remedied thru trainings and proper guidance of program development partners, a more selective process for members' recruitment, and ensure that the programme is mainstreamed in the member institutions. Building local capacities at the regional level and is replicated at the local level by the same group of people has more value added to institution building. Within the RHub, good practices also abound. RHub 9 with its lead and funds manager, Jose Rizal Memorial State University was able to integrate the Pro WATER programme in its research and extensions program. This enabled to the RHub to carry on with the project activities even when funds releases experience some delay. It also facilitated the engagement of other staff by tapping them as resource persons or facilitators in the project. This eases the burden from focal members of the RHub who also happen to have high and demanding positions in their own organizations. In future engagements with the RHubs, these factors should be considered to facilitate smoother project implementation.

Local Policy Development to support iWaSH Local Implementation

The JP's targets for local policy development included either an Executive Order or an ordinance. Although both support iWaSH local implementation, the passage of an ordinance will guarantee the sustainability of interventions on iWaSH even beyond the joint programme. This was articulated by the Mayor Reny Celespara who is currently on his last term as chief executive of the Municipality of Bobon, Northern Samar. As a firm advocate of WASH integration (and a health practitioner), he would like to see these efforts continued. This is also shared by his staff especially the Municipal Health Officer who appreciates the integration process because it brought together all of their municipal offices to work on WASH. He shared that "in the past, health was only the problem of the Municipal Health Office, now it's the problem of the whole municipality." As a result, the iWaSH Council and Team have met regularly ever since its creation thru an ordinance in December 2016.

Voucher System in Milagros, Masbate¹¹

In Milagros, the LGU has started using a voucher system to facilitate distribution of hardware for households to improve their toilet facilities. The voucher system is a reward system for sitio/puroks that have achieved ZOD, and is implemented in partnership with a local hardware store in the town. The LGU's shift from direct management of supplies to vouchers resulted into business process efficiency and eased local procurement processes and logistical management. With the voucher system, participation of the community is encouraged by allowing households to identify basic items they need (like GI sheets, nails, etc.) to improve their toilet facilities. This translates to a direct subsidy from the LGU to the household at PHP2,500.00 per household. The minimal amount means that households have to look for other sources of funds to build their own sanitary toilets, thereby promoting ownership. From Milagros' experience, *Action Against Hunger (AAH)* and the Provincial WASH (PWASH) Task Force conducted a series of orientation on the application of voucher system in sanitation programming in Masbate.

11. Report on any new/innovative approaches which were delivered in the course of joint programme implementation

The iWaSH Framework (and agreed indicators and targets) is considered the greatest contribution of the JP in the sector. One may argue that the approach may not be something new as each agency carries with it a semblance of each of the WASH sector dimensions. What is innovative is how these three were articulated and translated to concrete actions by the partner agencies under one program that was offered to local governments, based on the willingness to work in a coordinated manner, filling in the gaps to strengthen either the water supply and sanitation components, pooling necessary resources (and augmenting even), and working on an agreed set of targets. It has also put together each of the agency's own innovative approaches to support local governments' goals of increasing access to safe water, sanitation and hygiene. One example of this innovative approach is UNICEF's C4D strategy for WASH called "*Goodbye, Dumii! Hello, Healthy!*" (GDHH)¹². The strategy was initially pilot-tested in 15 barangays in three PRO-WATER LGUs in Masbate (Milagros, Aroroy, Cawayan) in 2015

¹¹ SDGF Pro WATER Final Report, UNICEF. October 24, 2017, p. 29

¹² GDHH, a multi-pronged communication mix of policy advocacy, community mobilization and behaviour change communication (BCC) strategies, generally aims to convince household heads to build their own sanitary toilets and to influence household water treatment and individual hand hygiene practices. It includes BCC activities and tools such as a WASH community caravan that features an interactive musical play performance and dynamic health education classes, printed materials like posters and interactive comics magazines, training of community health workers in holding small group health classes using handy flipcharts on fecal-oral contamination, and training child development workers in day care centres on integrating health and hygiene into their daily lesson plans (including installation of low-cost handwashing facilities in some cases). SDGF Final Report, UNICEF. October 24, 2017, p. 25

to support ongoing CLTS actions, resulting to increased sanitation coverage from 38 per cent to 85 per cent (13 of the 15 villages have so far achieved ZOD status). In 2016, it was further tested in eight other priority LGUs as recommended by DOH.

12. Indicate key constraints including delays (if any) during programme implementation

a. Internal to the joint programme

Substantial delays in project activity implementation have been experienced due to the following:

A number of planned activities in the latter part of the 2nd Q - 3rd Q have been postponed due to insufficient operational funds. The approval of the proposed budget re-alignment and JP extension by the PMC and NSC as basis for the release of the 2nd SDGF tranche has taken a long time & process since NSC has to go through extensive technical review prior to approval and signing of the NSC Resolution.

The approval and signing of the amended MOA by RHub Responsible Partners and finalization of their respective Multi-Year Work Plans have also been delayed. Hence, direct programme implementation at the local level by the Regional WATSAN Hubs started only in September 2016 based on the funds released by the IP. Preparations, communications, and coordination arrangements for the conduct of initial project activities e.g. community organizing, sector planning have also taken a lengthy process.

LGUs' slow compliance to the requirements of the SALINTUBIG program i.e. preparation and completion of SALINTUBIG requirements such as MOA, SP Resolution, DED/FS and other documentary requirements have affected the movement of GPh counterpart funds, moving targeted dates of completion of iWaSH facilities by 6-10 months.

Varying capacities, institutional arrangements, availability, and geographical locations of the members of the Regional Hubs influenced the outputs and results produced during the project implementation. Only one of the three RHubs managed to complete all activities and/or outputs before the closure of the joint programme. Although delays in the release of funds have contributed to this, the availability of some of the members in the Regional Hubs proved to be problematic as it also competed with their own work especially those who are from academic institutions and water districts. The lack of a member water district in Region 5 was one of the weaknesses of said RHub that could have supported the infrastructure requirements in the LGU sites. Coordination within was also a challenge due to issues relating to the institutional arrangements i.e. funds management, role of the overall RHub coordinator, diverse locations of some of the RHub members, etc. The existing capacities of the RHubs vary. Two of the most successful interventions were led by the Regional Hub 9 in Zamboanga del Norte where all project interventions were carried out smoothly and according to expected results. RHubs 5 and 8's strength proved to be in community organizing and social preparation, hence, delivering the required outputs on the development of social contracts and local groups formation. It was also observed that only RHub 9 was successful in integrating the JP activities in their institution thru their research and extensions program, which enabled them to utilize and/or provide counterpart funds and tap on internal staff to facilitate the project implementation. Also, their existing external network and partnerships were an advantage.

b. External to the joint programme

The national and local elections in May 2016 and the transition process under the new government have also slowed down operations of the implementing partners

affecting implementation of project activities at the local level. The change of Cabinet Secretaries (DILG and DOH) also affected key decisions.

c. Main mitigation actions implemented to overcome these constraints

The Programme Management Committee (PMC) was convened on August 22, 2016 to approve the budget re-alignment and programme extension from April 2017 to June 2017. PMC approved both and were endorsed to the National Steering Committee (NSC) for approval thru a referendum/resolution.

To facilitate the local iWaSH implementation, funds have been transferred directly/ downloaded to the Regional WATSAN Hubs based on their approved annual work plans. The PMO also prepared a 'catch-up plan' (October 2016 – June 2017) to fast track project activity implementation. A detailed financial (monitoring) plan based on PMO operational funds and downloaded funds to RHubs and DILG Regions was prepared as well as guidelines for RHubs and DILG Region on funds utilization and management and a prescribed reporting format that also included physical accomplishments of progress, in coordination with the Programme M&E Officer.

Joint programme missions have been conducted in Regions 5, 8 and 9 to fast track implementation by identifying activities that can still be completed by the end of the year to prioritize funds to be allocated e.g. Sector Planning, FS/DED preparations, entry level/initial CO activities, etc. Part of the missions was also to conduct further trainings with the RHubs on iWaSH Infra Development and Social Prep/Community Organizing, Communications Plan Development, among others. To further facilitate local implementation, RHub focal persons for GAD, KM, Infra, Community Organizing, M&E, and Communications were identified to lead in respective activities.

To address the challenges within the RHubs, the PMO (and in one occasion with UNICEF to discuss project complementation with UNICEF partner NGO-ACF) conducted missions in Region 5 to finalize the work plan and budget for the remainder of the JP and thresh out issues relating to coordination among members of the RHub. As a result, a doable work plan and streamlined budget were developed and delineation of roles and responsibilities on areas assigned were agreed upon. PMO also continued to provide guidance and support to the activity implementation by engaging technical staff (hired consultants for infra development and institutional development).

13. Describe and assess how the monitoring and evaluation function has contributed to the:

d. Improvement in programme management and the attainment of development results

One major contribution to the joint programme is the development of an agreed Performance M&E Framework which was the basis for the joint progress monitoring and reporting of development results regularly undertaken by partners. Each development partner is contributing to the collection and validation of data and results. The M&E framework facilitated in tracking the progress of activities, completion of outputs and reporting of observed results, which are shared to program partners as inputs to planning and design of needed interventions, and to over-all decision-making. This is regularly done thru the technical working group meetings. Monitoring missions to the project areas to evaluate the LGUs' needs for WASH interventions have also been done jointly by programme partners. Given this joint effort, the required reporting for the SDGF Secretariat, UNDP, DILG and NEDA were fully met, which were also the basis for the approval of the JP Annual Work Plans, funds releases, and the additional funds allocations by the DILG.

e. Improvement in transparency and mutual accountability

As mentioned, development partners are guided by the Performance M&E Framework and M&E Plan where targets and outcomes are agreed upon and responsibilities for joint (physical and financial) monitoring and reporting have been identified. Programme reporting (physical & financial performance) to the NSC, PMC, TWG and the SDG-F Secretariat is done jointly by development partners thru consolidated reports at a quarterly, bi-annual, annual, and monthly basis (required by national implementing partners).

f. Increasing national capacities and procedures in M&E and data

Orientations and trainings on the JP M&E requirements and procedures were given to the Regional WATSAN Hubs and LGUs to level off and capacitate them on results-based M&E, particularly on the trainings provided on the development of the Performance M&E Framework, M&E Plan, and Risk Analysis, which were integrated in the LGUs' iWaSH sector plans. A localized monitoring and reporting template (both physical and financial) was also developed, which was used by the RHubs in documenting and reporting the progress of programme activities and results at the local level.

g. To what extent was the mid-term evaluation (if any) useful to the joint programme?

The commissioned Final Evaluation offered a different perspective (outsider looking in) on how to evaluate the joint programme's accomplishments, results, and even limitations/shortcomings in the implementation. It also gave a fair assessment to each of the development partner's contributions, and provided an opportunity to be able to articulate issues and challenges experienced with impartiality. The evaluation also provided concrete recommendations to improve on-going initiatives and sustain future ones.

14. Describe and assess how the communication and advocacy functions have contributed to the:

h. Improve the sustainability of the joint programme

With the support and assistance from the Regional Water and Sanitation Hubs (RHubs), the communications strategies and advocacies on the regional and local levels are sustained by implementing and replicating the activities done in the national level. The conduct of the Local Communications Plan Training with the designated Communications Officers of the RHubs allowed us to craft the Local Communications Plan, outlining the communication activities that have been implemented in the communities. The following activities have been successfully implemented:

- Development of iWaSH Community Murals in Barangays Diongan, Datagan and Seriac, Siayan, Zamboanga del Norte; in Barangays Bago, Misok and Lawis, Sindangan, Zamboanga del Norte; in Barangay General Lucban, Bobon, Northern Samar; in Barangays Magtaon and Siljagon, Mapanas, Northern Samar; and in Aroroy, Masbate, Basud, Camarines Norte and Capalonga, Camarines Norte
- Local radio guesting in Sindangan, Zamboanga de Norte with National Programme Coordinator and Gender Focal Person, Jaime Antonio, Jr. as speaker
- Region IX Localized PROWATER brochure, outlining the rights and responsibilities of consumers and barangay water and sanitation associations as water service providers

- Participation during the World Water Day 2017 by unveiling the community mural in Barangay Diongan, Siayan, Zamboanga del Norte and Barangay Talib, Aroroy Masbate
- Photo and video documentation of all the events in the local government unit (LGU) beneficiaries such as groundbreaking ceremonies for the construction of water system facilities, barangay consultations and orientations, community organizing, monitoring, and training and workshops, among others.

Moreover, since we are disseminating knowledge and information on the local, regional, national and global levels, the successes and gains on the joint programme are sustained and is now being scaled up through the iWaSH Governance, a programme under the Governance, Advocacy, Leadership in Water, Sanitation and Hygiene (GoAL WASH) and funded by the Stockholm International Water Institute. The following successes and gains are both inculcated and beneficial with the LGUs and communities:

- On the LGU level, the need to augment the allotted budget for water and sanitation, reflected on the Municipal Plan, has been made possible through the technical assistance and capacity building activities facilitated by the RHubs, as well as the organization of the Barangay Water and Sanitation Associations that will manage the constructed water system facilities.
- On the community level, the achievement to be certified as Zero Open Defecation is also a big factor that has influenced behaviour change in the household level. The training on Community-Led Total Sanitation, supported by C4D campaigns such as Goodbye Dumi Hello Healthy, mobilizing the communities to end open defecation in PROWATER priority barangays and beyond has been a success. There has been awareness on the importance of having toilets and drinking safe water which was reiterated during interviews, as part of the development of the iWaSH documentary film.

i. Improve the opportunities for scaling up or replication of the joint programme

Because the Joint Programme has conducted various interpersonal communication activities such as orientation and consultation with barangays, training and learning events, briefing and meetings with the Hub and local government units, the efforts and knowledge have been sustained and scaled up.

Members of the RHubs are invited by other local government units to conduct trainings, i.e. Community-Led Total Sanitation to assist the communities eliminate open defecation. The RHub VIII has conducted an orientation on the iWaSH Framework and Philippine Approach to Total Sanitation – Zero Open Defecation Program in the Municipality of Javier, Leyte last August 2017. The members of the RHub V have also initiated to distribute hygiene kits to members of the Kabihug Tribe in Capalonga, Camarines Norte to promote behaviour change. Moreover, the RHubs also facilitate the series of trainings conducted by the Department of Interior and Local Government to all members of the Philippine Regional Hubs, covering all 17 regions in the country. The members of the Hubs have gained expertise to share and mentor what they have learned from the ground, especially on the SDGs, iWaSH framework, community organizing, gender equality and women empowerment, communication, disaster risk reduction management and climate change adaptation, among others.

To date, the Joint Programme is developing an iWaSH documentary film to communicate the results, impacts and good practices through the lens of the beneficiaries. It endeavors to popularize the iWaSH approach, methodologies and approaches beyond the PROWATER's LGU beneficiaries.

j. Providing information to beneficiaries/rights holders

Because of the various communication channels that have been utilized during the programme implementation, provision of information to beneficiaries and rights holders was found out to be relatively sufficient. These channels vary from electronic, print, media to interpersonal, which includes website, social media, use of local radio, community murals, brochures, and trainings, orientations, workshops, and knowledge exchanges.

- In the iWaSH website and social media accounts, popularization of the Joint Programme and the iWaSH and its benefits are communicated through information packets. Here are some of them, all of these are mirrored in Facebook and Twitter:

https://www.instagram.com/p/BICfXsVhhZO/?taken-by=iwash_ph

https://www.instagram.com/p/BICfr60BQ1-/?taken-by=iwash_ph

https://www.instagram.com/p/BIZS3YvhGDm/?taken-by=iwash_ph

https://www.instagram.com/p/BKVIQ3mhf2u/?taken-by=iwash_ph

https://www.instagram.com/p/BKXfNvcBMmo/?taken-by=iwash_ph

https://www.instagram.com/p/BKm7A5yBajS/?taken-by=iwash_ph

https://www.instagram.com/p/BLibH8SIOaK/?taken-by=iwash_ph

https://www.instagram.com/p/BLsFiaBlwF5/?taken-by=iwash_ph

https://www.instagram.com/p/BL5soPxllGo/?taken-by=iwash_ph

https://www.instagram.com/p/BMCnHVYIXhN/?taken-by=iwash_ph

https://www.instagram.com/p/BNY7qPOFrwi/?taken-by=iwash_ph

https://www.instagram.com/p/BNatV4ull0l/?taken-by=iwash_ph

https://www.instagram.com/p/BWWhAQgzYfj/?taken-by=iwash_ph

Since some of our LGU beneficiaries do not have telecommunications network, accessing information campaigns online is not an option. Hence, we have conducted radio guesting in a local radio in Sindangan, Zamboanga del Norte and have developed a total of 13 iWaSH community murals in our project sites in Regions V, VIII and IX. These murals are conceptualized and painted by the constituents themselves, with the assistance from a local artist, presenting their ideas and understanding on the importance of having safe water and sanitation facilities and being equipped with knowledge on hygiene practices.

Based on field visits and interviews, our beneficiaries have testified that they have learned a lot from the programme, especially on the importance of having safe water and sanitation facilities. Because a number of beneficiaries have attended our CLTS training, they have managed to construct their own toilet to stop defecating in the open. They also treat or boil their water before drinking. Furthermore, they also learn to wash their hands before handling foods and storing of water.

15. Report on the scalability of the joint programme and/or any of its components

- To what extent has the joint programme assessed and systematized development results with the intention to use as evidence for replication or scaling up the joint programme or any of its components?

From the very beginning, there was a conscious effort among joint programme partners and the PMO to assess and systematize development results through

collective and participatory learning processes and experiences such as local/community consultations, missions and monitoring activities, the regular Technical Working Group Meeting, and the national and regional learning events, tours, or knowledge exchanges to document, report, and share results, lessons learnt, and good practices. These are further documented and communicated thru the JP's online platform and social media accounts. The JP also follows a strict reporting system based on SDGF and UNDP Guidelines, where reports generated are not only generated at the level of progress but also at the level of results.

The iWaSH Toolbox, consisting of the knowledge products developed on safe water, sanitation, and hygiene, is instrumental in the scaling up or replication of the results of the joint programme in the roll out of the capacity development program on integrated safe water, sanitation and hygiene of the Department of Interior and Local Government (DILG) for LGU beneficiaries which links with on-going programs of the Department of Health (DOH) i.e. part of the Local Government Support Fund-Assistance to Municipalities e.g. provision of technical/advisory assistance on capacity building and infra on sanitation, which are also being supported by UN joint programme partners.

I. Describe example, if any, of replication or scaling up that are being undertaken

Currently, under the Goal WASH-iWaSH Governance project being supported by UNDP and the Swedish International Water Institute (SIWI), the local implementation of the iWaSH approach is being replicated in six (6) additional municipalities in Regions 10, 11, and 12. The same technologies, process and approach will be employed following the gains of the Pro WATER programme. In addition, three (3) Regional Hubs are being capacitated on the integrated approach to assist the municipalities in the project implementation.

Between April – September 2017, a total of 201 LGUs under the Department of Interior and Local Government's (DILG) SALINTUBIG and BUB programs have been assisted in developing their Municipal WASH sector plans using the iWaSH approach. These trainings were facilitated by the Regional Hubs 5, 8 and 9 which were also capacitated under the joint programme.

The DILG also plans that the WASH assessments to be conducted for both the department's SALINTUBIG and ADM Programs will utilize the iWaSH Assessment Tools developed under the joint programme to establish the Department's 2018 program targets and priorities, which will also guide the formulation of the iWaSH sector plans of the recipient municipalities. The sector plans are now a major requirement for accessing government funds on WASH under the Department. In addition, other regions outside of the project areas with SALINTUBIG projects are now provided with water safety plan training in partnership with DOH.

m. Describe the joint programme exit strategy and asses how it has improved the sustainability of the joint programme.

The iWaSH approach being adopted and mainstreamed in the DILG is the key strategy to sustaining the gains and successes of the joint programme. Initially, the DILG has adopted the integrated approach in its capacity development program, specifically in the development of the iWaSH sector plans as a major requirement to accessing the SALINTUBIG and ADM funds. Prior to the end of the joint programme, the DILG has taken various efforts to raise the integrated approach at the policy level through its regular participation to on-going discussions and advocacy for the WASH sector integration process. A number of these undertakings include the following:

- The adoption of the iWaSH approach in the new SALINTUBIG program through the Technical Working Group on Basic WATSAN in a series of

planning workshops with the DILG, the National Anti-Poverty Commission (NAPC), the Department of Health (DOH), and the Local Water Utilities Association (LWUA). The 1st planning workshop was conducted in August 4-5, 2017, wherein the Memorandum of Agreement with the sector agencies were revisited and revised as basis for the development of the new program.

- On-going integration of the roadmaps on water supply and sanitation. This is part of the initiative of the National Economic and Development Authority (NEDA) as the agency leading the effort in the Formulation of the Philippine Water Supply and Sanitation Master Plan (PWSSMP), an action plan that will contain water and sanitation investment and financing programs for the short, medium, and long terms. Initial activities include baselining or a “Water Supply and Sanitation Sector Analysis” which will be conducted until the end of November 2017. The activity shall assess the conditions and performance of the WSS sector, determine key performance indicators and trends, and gather and update all relevant information to the latest available data including baseline statistics on access and levels of service, among others. The DILG has provided data on the SALINTUBIG and ADM programs and knowledge products developed under the Pro WATER/Goal WASH projects;
- Adoption of the iWaSH approach, targets, and requirements in the Local Government Support Fund-Assistance to Municipalities;
- DILG is one of the key players in the Operationalization of the Unified Financing Framework (UFF) for Water Supply and Sanitation to consolidate all resources of the government including private institutions, into a single funding source with the goal of attaining the sector targets.

Lastly, under the Goal WASH-iWaSH Governance Project, the development of a national policy on Integrated Safe Water, Sanitation, and Hygiene is also being pursued by the DILG in collaboration with other sector agencies.

IV. FINANCIAL STATUS OF THE JOINT PROGRAMME

- a. Provide a final financial status of the joint programme in the following categories:

SDG Fund Allocation (as of December 31, 2017)

- 1. Total SDG Fund allocation** US\$: 1,500,000.00
 1. Total budget transferred US\$: 1,500,000.00
 2. Total budget committed US\$: 1,500,000.00
 3. Total budget disbursed US\$: 1,402,348.96

Matching Funds Allocation (as of December 31, 2017)

- 2. Total matching funds** US\$: 2,100,000.00
 1. Total budget transferred US\$: 2,100,000.00
 2. Total budget committed US\$: 2,078,237.95
 3. Total budget disbursed US\$: 2,078,237.95

- b. Explain any outstanding balances or variances with the original budget

SDG Fund Allocation:

As of December 31, 2017, all fund allocation of \$1.5M has been transferred and committed. The JP has a total disbursement of \$1.40M with a delivery rate of 93.48%. The remaining funds

amounting to \$.09M which were already committed shall be fully disbursed before June of 2018, this includes the projected cost for the audit fees.

Matching Funds Allocation:

Per Project Document, the Matching Fund allocation of \$2.1M has been fully transferred by the respective UN partner agencies to the Joint Programme (JP). The funds were also fully committed except for UNDP counterpart with only 89.11% from its original allocation of \$.200M. Portion of the remaining 10.89% shall be fully committed before end of June 2018. As to the disbursements, the JP reported a 98.96% delivery rate where UNICEF, WHO and DILG counterpart incurred 100%, while UNDP is 89.11%. The remaining 1.04% from the JP total delivery rate will be fully disbursed before June of 2018.

Actual Matching Funds Allocation

UN Agency	Actual Matching Funds Allocation	Total Budget Transferred	Total Budget Committed	Total Budget Disbursed
UNDP	250,000.00	250,000.00	178,237.95	178,237.95
UNICEF	450,595.26	450,595.26	450,595.26	450,595.26
WHO	200,000.00	200,000.00	200,000.00	200,000.00
DILG/GPh	2,980,252.04	2,980,252.04	2,980,252.04	1,660,326.47
Total	3,880,847.30	3,880,847.30	3,809,085.25	2,489,159.68

During actual implementation of the JP, the two (2) UN agencies UNDP and UNICEF as well as DILG saw the need to allocate more matching funds in addition to their original funds allocation. The additional matching funds were contributed on the areas of Capacity Development activities and additional Personnel.

V. OTHER COMMENTS AND/OR ADDITIONAL INFORMATION

VI. CERTIFICATION ON OPERATIONAL CLOSURE OF THE PROJECT

By signing, Participating United Nations Organizations (PUNO) certify that the project has been operationally completed.

PUNO	NAME	TITLE	SIGNATURE	DATE
United Nations Development Programme	Titon Mitra	Country Director		October 30, 2017
United Nations International Children's Emergency Fund	Lotta Sylwander	Representative		October 30, 2017
World Health Organization	Dr. Gundo Aurel Weiler	Representative		October 30, 2017

VII. ANNEXES

1. List of all document/studies produced by the joint programme
 - Integrated Safe Water, Sanitation and Hygiene Assessment Reports of the 10 Municipalities
 - Training Module on Results-based iWaSH Sector Planning
 - Training Module on iWaSH Assessments
 - Training Module on Gender Analysis on Safe Water, Sanitation and Hygiene
 - Training Module on CCA/DRR based on an iWaSH approach (final draft available by end of October 2017)
 - Training Module on Sanitation Concepts and Approaches e.g. Community-led Total Sanitation (CLTS) – Sanitation, ZOD program (final draft available by end of October 2017)
 - Training Module on Water Quality Monitoring and Risk Assessment
 - Training Module on Water Safety Planning
 - Guidelines and Monitoring Tool for the Development, Evaluation and Monitoring of Water Safety Plans
 - Guidelines on iWaSH Community Organizing / Social Preparation
 - Guidelines on iWaSH Infrastructure Development and Procurement
 - Integrated Safe Water, Sanitation, and Hygiene (iWaSH) Framework
 - Integrated Safe Water, Sanitation, and Hygiene (iWaSH) Assessment Tools
 - 6 LGU Integrated Safe Water, Sanitation, and Hygiene (iWaSH) Sector Plans
 - 10 Water Safety Plans for LGUs and communities
 - Public-Private Partnership (PPP) on iWASH: A Learning Exchange
 - 10 LGU iWaSH Baseline Assessments

2. List all communication products created by the joint programme

iWaSH brochure - http://iwash.gov.ph/wp-content/uploads/2016/11/SDGF_PROWATER_brochure.pdf

JP Communications Plan - http://iwash.gov.ph/wp-content/uploads/2017/05/JP-Communications-Plan_PROWATER_Final.pdf

iWaSH infomaterial - http://iwash.gov.ph/wp-content/uploads/2016/12/PROWATER-infomaterial_FINAL_Oct132016.pdf

Localized Brochure (iWaSH Social Contract) - http://iwash.gov.ph/wp-content/uploads/2017/05/iWaSH-Social-Contract_Region9_May2017.pdf

3. Minutes of the final review meeting of the Programme Management Committee and National Steering Committee
4. Final evaluation report (see attached)
5. M&E framework with update final values of indicators (see attached)

