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Community-Based Approaches for
Environmental Health in Secondary Cities
in West Africa and the Scale-Up Process

*Proceedings of a workshop held in Cotonou, Benin
May 18-20, 1998*

*Organized and sponsored by
the Environmental Health Project and the Urban Management Programme*

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by
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- 2 Participating in the entire workshop was a Benin traditional chief from Bembereke and his advisor.
- 3 Keynote speaker Dr. Akin Mabogunje exchanges ideas with Mr. Zourkarneyni Toungouh, the Prefet of Borgou.
- 4 Many of the workshop sessions involved discussion in small groups and then reporting back in a plenary session.

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ACRONYMS

ADB	African Development Bank
ASACOBA	Association Santé Communautaire de Banconi
BNETD	Bureau National d'Etudes Techniques et de Développement
CAHBA	Commune d'Arrondissement de Hann Bel Air
CIMEP	Community Involvement in the Management of Environmental Pollution
CNUEH	Centres des Nations Unies pour les Etablissements Humains
CREPA	Centre Régional pour l'Eau potable et de l'Assainissement faible coût
CUD	Communauté Urbaine de Dakar
DEHC	Departmental Environmental Health Committee
EHP	Environmental Health Project
GIE	Groupement d'Intérêt Economique
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
IAGU	Institut Africain de Gestion Urbaine
INRSP	National Institute of Research in Public Health
MLCVE	Ministère du Logement, du Cadre de Vie et de l'Environnement
MOU	Memorandum of Understanding
NGO	nongovernmental organization
PDM	Programme de Développement Municipal (Municipal Development Program)
SIP	Sustainable Ibadan Project (part of UNCHS' Sustainable Cities Programme)
UMP	Urban Management Programme
UNCHS	U.N. Center for Human Settlements
UNDP	U.N. Development Program

USAID

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1

BACKGROUND TO THE WORKSHOP

The tremendous growth of Africa's urban centers over the last twenty years has overwhelmed the capacity of cities to provide public services. As unwavering migration and elevated birth rates have pushed population levels skyward, municipal governments have found themselves unable to meet the basic needs of residents. Living conditions become increasingly unhealthy as governments fail to provide the services and infrastructure necessary to insure the adequate management of solid and fluid waste, the removal of garbage, and the provision of clean water. As the balance of Africa's population becomes an estimated sixty percent urban by 2025, the need to develop means to address urban environmental pollution looms with increasing urgency.

Currently across West Africa, a number of agencies are developing effective approaches to combat the growing crisis in the region's cities. This document presents the proceedings of a workshop organized and funded by two such agencies: the U.N. Development Program's (UNDP) Urban Management Program (UMP), which has developed the "city consultation" process, and the U.S. Agency for International Development's (USAID) Environmental Health Project (EHP), which has developed the "Community Involvement in the Management of Environmental Pollution" approach.

From May 18–20, 1998, in Cotonou, Benin, over 40 stakeholders working on urban issues and community-based approaches in Africa came together for an intensive period of discussion, reflection, discovery, and networking. Over the course of two and a half days, government and donor representatives,

nongovernmental organization (NGO) directors, and community leaders worked together to:

- # share experiences and identify lessons learned in environmental health management of secondary cities in West Africa,
- # increase the use and understanding of community-based approaches for improving environmental health,
- # identify the critical components of community-based approaches for effective management of environmental health, and
- # promote the scale up of the ongoing local initiatives to a regional level.

One further workshop objective was intra-agency collaboration. Representatives of the African Development Bank (ADB) joined EHP and UMP to identify the themes addressed in the workshop. Representatives from each of these agencies contributed to workshop presentations and discussions, and the workshop and its products were specifically designed to contribute to the programs of EHP, UMP, and the ADB's program in poverty alleviation.

At the conclusion of the workshop, participants joined sponsors in expressing the desire that this would be the first in a series of similar events. They stressed the urgency of expanded international dialogue on urbanization and the power of networking actors in community-based approaches to environmental health to reinforce the strengths of West Africa's cities and begin to resolve the region's growing crisis.

2 KEYNOTE SPEECHES: OVERALL CONTEXT AND APPROACH

[This introduction presents a summary of the central ideas from the workshop's keynote and opening speeches.]

The past three decades have seen dramatic urbanization in West Africa. In 1967 only one city in the region had more than one million inhabitants. In 1997 there were twenty five such cities. While growth may slow in the future, it will not stop. The proportion of people living in human settlements of over 5,000 persons rose from 13% in 1960 to 40% in 1990; it will reach 60% by 2020.

Less widely recognized than this striking rate of urbanization is the distribution of growth. Smaller cities and towns have kept up with capital cities, as a full two-thirds of population growth has been absorbed by towns.¹ While the mind-boggling size of metropolitan conglomerations like Lagos, Abidjan, Accra, and Dakar rightfully attracts our attention, an even larger number of secondary cities has undergone even more stunning increases in population. And, while population growth in West Africa's secondary cities has generally kept up with that of capital cities, government financing for public services has not; these cities are severely challenged to satisfy basic conditions necessary for creating a healthy environment for their inhabitants.

In his keynote speech to the workshop, Dr. Akin Mabogunje presented the major characteristics of secondary cities in the face of this challenge:

- # **Informal sector predominance:** Except in cases where they are a center of industry or trade, large cities outside of the capital are often "sleepy" economically, and as a result they tend to be dominated by informal sector activities, such as small shops, cottage industries, craftsmen, and trade. Salaried employment is limited, and local administration provides a significant proportion of wage-earning employment.
- # **Out migration:** Because economic activity and employment opportunities may be limited, secondary cities often serve as a source of out-migration and maintain a population profile skewed away from the normal pyramidal structure. The loss of young adult males and, to a lesser extent, females, causes secondary cities to have an above-normal proportion of children, women, and elderly.
- # **Second-tier administration:** Absence of economic vibrancy also has an impact on the quality of governance in secondary cities. Such cities do not draw the best trained and most enterprising civil servants, and those who do come to such cities have no strong business community to galvanize them in their work.
- # **Declining service provision:** Because internally generated revenue in secondary cities tends to be limited, in the absence of increasingly rare subsidies from central governments, the provision of services in secondary cities has been weakened. While lower standards of service provision have pushed communities and individuals to

¹ Statistics in this section were given in opening speeches; additional statistics were drawn from "Preparing for the Future: A Vision of West Africa in the Year 2020: Summary Report of the West Africa Long Term Perspective Study." Serge Snrech. OECD, ABD and CILSS. March 1995.

Urban Pollution and Poverty

In Africa, where 22 of 30 of the world's poorest nations are to be found, we cannot overlook the acute costs an unhealthy environment imposes on individual households. Dr. Andre Soton, in presenting results of research undertaken in Bobo-Dioulasso, Burkina Faso, quantified some of these costs in his keynote speech. His study, begun in 1993, tracked 169 children, 0 to 36 months old, for 15 months. It recorded an average of three episodes of diarrhea per child per year, for an average cost to families of 800 F CFA (US\$1.50) per episode.

Similar findings were produced by the epidemiological study conducted by the EHP Community Involvement in the Management of Environmental Pollution (CIMEP).² Women surveyed in three of Benin's secondary cities in February 1998 reported a loss of 4 to 7 days per month taking care of children with diarrhea.

This profound impact of one of the many diseases in Africa's secondary cities underscores the important role to be played by environmental health activities in the alleviation of poverty.

rely upon their own resources, this does not yet fill the gap.

In identifying these challenges, Dr. Mabogunje was quick to stress the formidable, though at times latent, capacities for community development in secondary cities. West Africa's secondary cities possess a strong foundation for the resolution of their problems. They have a long tradition of urbanization and much experience organizing people in cities.

In the past, urban community organization of traditional African society tended to implicate all social groups in city development. It provided for the efficient flow of information and the mobilization of members from all levels of urban society. City wards, quarters, and neighborhoods were administered by a hierarchy of chiefs of appropriate jurisdiction. Effective city-wide mobilization drew upon age grades, cultural associations, clubs, and women's societies to facilitate the provision of public services, including environmental sanitation.

In secondary cities today, many of the precolonial urban institutions and structures have not died off or been eliminated, and they continue to play an important role. Some of the most striking examples are the hometown voluntary associations of out-migrants which, in conjunction with local organizations, have been responsible for the provision of such public services as

schools, health centers, community banks, and post offices. Institutions such as these are there to build upon.

As the governments of West Africa attempt to shift from a statist approach to a partnership approach, communities will continue to resolve municipal problems themselves, and they will help transform the artificial administrative structures that currently ignore their efforts. It goes without saying that, through the decentralization process, strong communities have the potential of making secondary cities centers of effective governance.

The potential of national efforts to decentralize and improve governance was emphasized in the opening speech given by Mr. Thomas Park, USAID Representative in Cotonou. Decentralization, and the idea of resolving problems as locally as possible, is critical to our efforts to support communities and tap their enormous resources and capacities for resolving environmental health problems. External actors, whether projects, NGOs, or local administrations, must not oblige communities to submit to proposed solutions but rather try to understand how they intend to resolve their health problems themselves. Knowing the manner in which people perceive the conditions of their lives is the basis for changing their behavior. And changing behavior is as important, if not more so, than simply building improved infrastructure.

² Risk Factors for Childhood Diarrheal Disease in Communities Involved in the CIMEP Benin Project. April 1998. EHP Report to the File No. 185.

To achieve the behavioral changes necessary for community members to take charge of their environmental health problems, it is necessary to establish relationships of confidence with them and improve relationships between communities and municipal administrations. Through better

governance, we can develop a process that helps build upon how people live their lives and creates new means to satisfy their needs.

3

BUILDING COMMUNITY-BASED PROJECTS: WORKGROUP REPORTS

[In small group sessions, workshop participants discussed the major factors to consider in the development and implementation of a community-based activity in environmental health. Below we present a synthesis of their work. Participants considered the problems to be addressed by community-based projects in secondary cities; the constraints to be considered in developing community-based projects; the roles and responsibilities of the various stakeholders; and issues of financing and maintaining community focus.]

3.1 Problems to Be Addressed

Community-based approaches can effectively address a wide range of the problems faced by secondary cities. In small group sessions, workshop participants cited some of the more important problems in the West African context:

- # Substandard Municipal Sanitation Services
 - Inadequate solid waste management, including household and industrial refuse and sewage—specifically insufficient construction and poor maintenance of latrine systems.
 - Inadequate used-water management, including poor drainage, removal, and treatment.
 - Pollution of vital resources: well and surface water contamination; food contamination; the degradation of open spaces.
- # Urban growth outpacing urban planning: overcrowding, human cohabitation with animals, eroded public areas, and stagnant water.
- # Popular misconceptions and unawareness with regard to appropriate hygiene practices in a health-hostile urban environment.

3.2 Constraints to Community-Based Approaches

3.2.1 Constraints to Working with Communities

While workshop participants all supported a community-based approach to resolving critical urban problems, they were realistic about the difficulties facing those working with communities. In small group sessions, the following constraints to working with communities were listed:

- # Weak resource base: The human and financial resource base in some communities, with poverty, illiteracy, and out-migration pervasive, limits the capacity for investment by community members.
- # Social and economic heterogeneity: Neighborhood communities in secondary cities are often less cohesive, structured, and egalitarian than imagined or desired. Immigration has brought a mix of languages and cultures. Wealthy and poor live side by side. Certain groups, such as women or casts, may be marginalized. There may be a high level of mistrust or competition among community groups.
- # Fractured authority: A unique authority structure rarely exists in urban communities. Instead, they are fractured along “traditional/modern” lines, with locally selected and nationally appointed leaders coexisting in ill-defined roles. Traditional institutions of social organization have been weakened, while modern governmental institutions are still evolving.

- # Distance from the origin of projects: The communities of secondary cities are often geographically, linguistically, and culturally distant and different from capital cities. Work schedules, often tied to the agricultural calendar, may differ from the modern work week. Members of communities may distrust people from the outside—in part because of past failures of the government—and the discovery of incentives to motivate them may be difficult. They may also have an unrealistically high expectation for projects and their government. Participants noted that humility and an ability to listen were essential.

3.2.2 Institutional Constraints

The nature of various institutions and their relationships to each other may also pose constraints to the success of community-based activities. Workshop participants proposed the following list for consideration:

- # Government structure: Certain aspects of the current structure of governments constrain the spread and success of community-based approaches to development. Participants noted the centralization of government powers, the sectorial approach to the resolution of problems taken by governments, and the absence of horizontal and vertical coordination and integration within governments.
- # Quality of governance: The quality of governance also serves to constrain community-based activities in environmental health. The poor technical quality of public health system and its personnel was cited as a constraint, as was the absence of transparency and accountability, and the institutionalization of corruption. The absence of people who regard existing state institutions as legitimate is also a constraint.
- # Patterns of interaction: Participants cited the poor definition of the roles of the state and civil society actors; government not recognizing local institutions, such as traditional chiefs and healers; a regulatory

system that does not support community organization and organizations; and the difficulties in developing working relationships with government administrations.

3.2.3 Constraints to Stakeholders

A wide range of stakeholders are drawn into community-based projects. To address the constraints specific to stakeholder groups, workshop participants broke into groups by affiliation—government, civil society, donor organization—and discussed the constraints facing their group to implementing community-based activities. [Donor group responses were not recorded.]

The following are constraints to government actors:

- # High demands: Like all development activities, community-based approaches face high demands from within the administration and from donors. Often the product is emphasized without regard to the process: activities must on the one hand prove to be self-sustaining, and on the other, time executed and over within a limited period of time.
- # Human resource and time demands: Because of the nature of the process, community development activities may take a long time and involve a period of trust building between government actors and local participants. Not only does the instability of civil service postings in Africa work against this confidence-building process, but Africa's resource-thin governments often are not able to support such a time-intensive process. Furthermore, the community-based approach may require skills in community development in which few civil servants have been trained.
- # Bureaucratic rigidity: While centralized governments have difficulty adapting to the various demands of different communities, communities may not have the resources to overcome the bureaucratic red tape of public administrations. For example, the act of

getting information from central ministries concerning necessary steps to form an association may be a task demanding transaction costs beyond the available resources of many communities; government offices may not be well adapted to efficiently processing a plethora of such demands.

The following are constraints to civil society actors:

- # Limited internal resources: Civil society actors in Africa are still for the most part young and getting established. Many have limited financial and human resources.
- # External indifference or hostility: Civil society actors also often face reluctance on the part of donors to finance their initiatives and, once financed, rigidity. Governments, who ideally should support their efforts, often react competitively to NGOs.

3.2.4 Constraints to Institutionalization

If community-based activities in environmental health are to remain a part of the landscape in the long run, they must become institutionalized in one form or another, and not rely upon unpredictable funding from the exterior. In addition to those already cited, workshop participants identified the following constraints to the institutionalization of a community-based approach.

The following are constraints to institutionalization with regard to government:

- # Unsupportive policies and laws: Local, regional, and national level government policies and laws must be supportive of such an approach.
- # Inappropriate regulations and norms: Regulations and norms must be established that are appropriate to community-based activities and take into account the great differences between communities.
- # Inefficient, ineffective governments: The answer in the long run is the completion of

the process of decentralization and democratization in which countries are already engaged. In the short term, one relatively simple solution identified at the workshop is a clarification and simplification of the legal mechanisms for obtaining governmental recognition and the granting of specific authorities to community associations. The goal is to build upon and formalize, where appropriate, existing local institutions and not create a multiplicity of overlapping or incomplete institutions.

The following are constraints to institutionalization with regard to civil society:

- # Low technical capacity: At the community level, persons with technical skills are often limited in number, and the transfer of technologies from the outside becomes necessary.
- # Unstable personnel: Similarly, attracting and keeping qualified personnel may be a challenge. NGOs themselves are notoriously instable.
- # Weak community ownership: Another challenge, though one which the case studies presented in the workshop showed not to be insurmountable, is creating community ownership, without which institutionalization is impossible.
- # Ubiquitous politics: With the question of ownership, participants raised the issue of representativeness of community organizations, as well as that of their sensitivity to the pressures of local politics and susceptibility to politicization.
- # Financial issues: A number of challenges exist with regard to sustainable financing: mobilizing continued financing from communities; including consistent budgetary support for specific activities from local governments; and establishing transparent, efficient financial systems among the associations, institutions, and organizations of Civil Society.

3.2.5 Constraints to Scaling-up

West Africa has seen a number of successful efforts at community-based environmental health—case studies of several were presented at the workshop and appear in this report. If such efforts are to have a significant impact on national health, they will have to be multiplied, or “scaled up” to a higher level. Participants discussed this issue and came up with the following constraints:

- # Extreme demand on resources: Scaling-up concentrated pilot activities, if economies of scale are not introduced, would often require massive human and financial resources or result in a possible loss of quality.
- # Local diversity: Scaling-up must face the challenge of extreme local diversity among communities in West Africa. The risk is not only a loss of specificity in the lack of the adaptation of the project to the specific characteristics of the different communities but a loss of community ownership.
- # Project patch works: While a particular approach may be the sole intervention in a particular neighborhood, when partners attempt to scale up the approach to regional level, they must deal with the multiplicity of other projects and approaches covering the map. With the multiple demands of different constituents and donors, national governments often have a hard time committing to one program and are forced to let different, noncomplementary projects fight for government resources.
- # Exploding management costs: With scaling-up, management requirements will increase enormously. Unless managers tend to these requirements, project control will be lost and the risk of politicization, project hijacking, and large-scale corruption will surface.
- # Inappropriate national policy: The potential for national policy to constrain activities increases with scale. Small pilot projects may create their own policy domains, but to succeed and continue, regional or national efforts must have clear policy support.

3.3 Roles and Responsibilities

The clarification of responsibilities is critical to the success of an activity and its institutionalization. Workshop participants identified the following critical roles and responsibilities for the various stakeholder groups working on community-based approaches to environmental health.

3.3.1 Communities

As the foundation of community-based approaches, the following are some of the most important roles and responsibilities of the leaders of communities in implementing community-based activities:

- # help create a positive enabling environment
- # support working in partnership with NGOs
- # assist the mobilization of financial and human resources
- # participate in the collection of data
- # help ensure the quality of monitoring and evaluating information collected
- # support a sense of openness and awareness to new people and ideas

3.3.2 Nongovernmental Organizations

In addition to the overarching responsibility of building trust among partners, the following are some of the most important specific roles and responsibilities of NGOs in implementing community-based activities:

- # conduct, facilitate, or contribute to activity planning
- # mobilize financial and human resources
- # provide human capacity-building training
- # provide technical assistance to communities and government
- # supervise activities in progress
- # provide consultation services to individual activities
- # collect data, monitor and evaluate results
- # conduct follow-up activities

3.3.3 Civil Society Actors

The professional associations, business and labor federations, media groups, bar associations, civic education groups, women's rights organizations, environmental activist groups, and human rights monitoring organizations that compose civil society play an important, though sometimes less direct, supporting role for community-based activities. This role includes the following:

- # lobby government and donors
- # exchange lessons learned with other organizations
- # research lessons learned outside of the organization or geographic zone
- # publicize successful cases
- # recruit members/employees in an unbiased manner
- # conduct the organization or association in a professional manner
- # draw personnel from local communities

3.3.4 Local Government

Local governments have different roles and responsibilities from those of national governments. These include the following:

- # demonstrate publicly government acceptance and support for activities
- # manage government resources utilized in the activity
- # provide technical assistance, where appropriate
- # inform higher levels of government of progress and successes
- # ensure local awareness of laws and regulations
- # facilitate community or project conformity to laws and regulations
- # support the coordination of the interventions of different NGOs
- # monitor project activities

3.3.5 National Government

Some of the most important roles and responsibilities of national government are the following:

- # provide for a supportive legal and policy framework
- # develop and enforce national regulations, standards, criteria, and norms
- # plan and coordinate national programs
- # maintain relations with donors and keep them informed
- # mobilize and coordinate external resources
- # coordinate and ensure harmony among the programs of the various actors
- # budget state resources
- # support and conduct research

Participants also noted that with progress in national plans for decentralization, devolution, and democratization, governments will be much more able to support community development.

3.3.6 Donors

Participants identified the following as some of the most important roles and responsibilities of donors:

- # establish conditions for financing
- # provide financial support
- # provide technical assistance
- # support training in community-based approaches
- # conduct monitoring and evaluation
- # compile and publicize lessons learned
- # develop new approaches
- # demonstrate the willingness to support community-based activities
- # evaluate the advantages of community-based activities
- # encourage other donors to support the approach
- # help governments undertake the institutional reforms necessary
- # support the decentralization process

3.4 Special Issues: Financing Mechanisms and Maintaining Community Focus

Workshop participants considered two issues that merit particular interest when designing, implementing, and scaling up community-based activities: the challenge of sustainable financing and the maintenance of community focus.

3.4.1 Financing Mechanisms

Projects almost always begin with an infusion of finances from outside the community, and they often begin to end when that financing is finished. Methods of continued financing must be built into projects from the beginning. While all projects face this problem, community-based activities do not possess the same range of options.

Workshop participants stressed that, in the best of cases, methods of activity funding should be diversified to spread risk, increase ownership, and increase potential total funding. They also stressed the importance of ensuring transparent management at both the community and government level, no matter which mechanisms are relied upon. Workshop participants proposed the following components for a sustainably financed activity:

- # continued mobilization of community resources
- # institutionalized government support for community-based activities
- # progressively reduced matching funds from donors to governments
- # government, private, or NGO credit provision for community efforts
- # cost-recovery mechanisms
- # parallel development of community banks
- # inclusion of and reliance upon money-making activities

3.4.2 Maintaining Community Focus

What measures are necessary to ensure that the process of scaling up community-based activities remains community driven and that solutions to environment health problems remain community specific? Workshop participants proposed the following conclusions:

- # Design local and national ownership into the process from the beginning. Include national stakeholders in local level activities and local actors in national planning and oversight. Conform the process to the capacities of all stakeholders.
- # Include the building of local management capacity in the process, and design each activity with local oversight.
- # Use technologies appropriate to the technical and financial capacity of the communities.
- # From the beginning, include a process of monitoring and evaluation that will enable the identification and resolution of problems before they spread.

In the long run, the maintenance of a community-driven process depends upon progress in decentralization and democratization. All efforts should contribute to and be an exploration of this process.

4 CASE STUDIES

[People are attempting to resolve the environmental health problems of West Africa's secondary cities using a wide range of community-based approaches. Below we present introductions to the UMP and EHP/CIMEP projects that support the development and use of these approaches, and abstracts of five case studies presented to workshop participants.]

4.1 Introduction to the Urban Management Program

Over ten years old, the Urban Management Program is a multi-donor program of technical assistance in urban management. The UMP goal is to support institutional capacity building in African cities through partnerships, human capacity building, and the provision of expertise in urban management. The current UMP mandate is based on three thematic areas: the fight against poverty, management of the environment, and local governance. UMP interventions are exclusively based on demand from clients and partners.

Current UMP regional partners include The National Ivorian Office of Technical and Development Studies (Bureau National d'Etudes Techniques et de Développement - BNETD); UMP - East of Harare; Public Development Management of the University of Witwatersrand in Johannesburg, South Africa; and the African Institute for Urban Management (Institut Africain de Gestion Urbaine - IAGU) of Dakar. National partners include the Nigerian Urban Forum, the Institute for Human Settlement and Environment of Nigeria, DPC, NALAG (Ghana), and the Government Training Institute of Kenya.

The UMP approach is based on the city consultation process, described in the case study below.

4.2 Urban Environmental Planning in the City of Bangolo, Côte d'Ivoire. (Case Study Presented by Dr. Kopieu Gouganou, CREPA-CI/MLCVE)

The UMP city consultation process consists of the following steps:

1. *Etude de milieu* to identify the governmental, civil society, and commercial institutions and personnel, and to develop a city map locating the over-arching environmental problems.
2. Town meeting of 300 to 500 representatives of the city's institutions and organizations to work in small, mixed groups and identify, discuss, and prioritize problems.
3. Planning workshop of 20 to 30 people drawn from the town meeting, representing the different political, social, and economic groups. They synthesize the problems identified, complete the list of problems, and regroup the problems by themes and subthemes. During the workshop, priority objectives and activities to achieve them are identified. The problems are localized on the city map.
4. On the basis of the planning workshop results, an action plan is developed, defining short-term, three-year, and ten-year objectives. With technical assistance, specific project proposals are developed.
5. The management of the city plan: many actions and micro-projects are identified. Their implementation depends upon the communities, associations, and local governments. A stakeholder collaboration

committee is locally organized for coordination, monitoring and evaluation.

Case Study

Situated 520 kilometers from Abidjan, the city of Bangolo (population of 22,354) has been an independent commune since 1985. In the city consultation for Bangolo, 400 people participated in the town meeting, and 26 participated in the four-day planning workshop.

The city plan produced through the meeting and workshop consists of 3 objectives, 12 subobjectives, and 69 actions. Because of this plan, and the emphasis it puts on environmental health issues (identified in 8 of the 12 subobjectives), the city's leaders have reoriented their own program and budget. Below is a sample of the plan:

Objective 1: Improve Drainage in the City

Subobjective 1.1: State of the roads improved

Critical Actions:

- 1.1.1. clear the roads
- 1.1.2. improve rain water evacuation through public works
- 1.1.3. periodically clean the drainage ditches, culverts, and gutters
- 1.1.4. periodically regrade the roads
- 1.1.5. blacktop the roads

Subobjective 1.2: River and rainwater flow freely

Objective 2: Improve Hygiene Conditions in the City

Subobjective 2.1: Everyone has access to potable water

Critical Actions:

- 2.1.1. extend the system of potable water to all zones of the city
- 2.1.2. install public spigots in the neighborhoods
- 2.1.3. create management committees for the spigots
- 2.1.4. revive the management committees for the waterpoints in the commune's villages

2.1.5. rebuild waterpoints in the villages of the commune

2.1.6. drill new bore-hole wells

Subobjective 2.2: Public institutions equipped with toilets

Subobjective 2.3: City trash collected and disposed of

Objective 3: Improve the Maintenance of Public and Private Spaces

Subobjective 3.1: Parking areas usable

Subobjective 3.2: Schools, public buildings, and open spaces properly maintained

4.3 Community-Based Approaches to Environmental Health Management. (Case Study of Ibadan Presented by Dr. Tunde Agbola, Executive Director, Institute for Human Settlement and Environment)

The Oke-Offa Babasale case study concerns the development of a community-owned spring in a community of Ibadan, Nigeria. The U.N. Center for Human Settlements (UNCHS) funded Sustainable Cities Programme Sustainable Ibadan Project (SIP) began the Environmental Planning and Management process by conducting a city consultation, during which stakeholders from the public sector and civil society identified and prioritized the city's most critical problems. The problems identified were insufficient drinking water and solid waste evacuation. Less than a third of the population is served with pipe-borne water.

Following the city consultation, members of the Oke-Offa Babasale community met several times to determine how to better use a spring in the neighborhood. They then contacted SIP, which joined representatives from the stakeholder groups into the Spring Water Working Group to implement the project. SIP also brought in

technical assistance and sourced and managed funds from UNICEF and the local government. Through the Spring Water Working Group, community members participated in the planning, management, and implementation of the project. To help fund the activity, the community also imposed fees and eventually raised 50,000 niara. Including the funds raised by the community itself, the activity cost only 500,000 niara, a third of what the activity would have cost if the local government had contracted the work, as is the normal procedure.

4.4 The Ongoing Project in Baie de Hann in Dakar, Senegal. (Case Study Presented by Dr. Omar Cisse, Institut Africain de Gestion Urbaine/UMP Dakar, Senegal)

The population of Baie de Hann in Dakar, on the east side of the Cap-Vert peninsula, rose from 37,255 in 1976 to 68,682 in 1988. This rapid population increase, compounded by the limited land surface and poor urban management, has produced an intense competition for land, particularly between residential and industrial use. Consequently, the degradation of environmental conditions, in particular water and air pollution, and increased industrial risk have also occurred.

The IAGU—an international NGO specializing in capacity building, planning, and urban environmental management—is implementing the project, which began in March of 1997 and is programmed for a total project life of two years.

The project objective is to promote sustainable development and prevent industrial hazards in Hann Baie. It has a total budget of US \$100,000 from the following sources:

Centre des Nations Unies pour les Etablissements Humains (CNUEH)	50%
Urban Management Programme (UMP)	15%
Institut Africain de Gestion Urbaine (IAGU)	15%
Commune d'Arrondissement de Hann Bel Air (CAHBA)	15% (in kind)
Communauté Urbaine de Dakar (CUD)	20% (in kind)

The project approach, which was inspired by the UMP city consultation process, includes the following activities:

- # local stakeholder consultation preparatory to the development of action plans
- # development of action plans by two 15-person stakeholder workgroups and national consultants
- # roundtable to review action plans and seek support, attended by the government and national and international donors
- # a rapid participatory appraisal and planning activity
- # a community forum for beneficiary approval of action plans—100 participants
- # preparation of principal and sectoral reports
- # development of monitoring plan for activity implementation
- # a community forum to establish the Intersectoral Monitoring Committee
- # institutionalization of the project in the CAHBA

Lessons learned from the project thus far include the following:

- # Community participation can be increased through the implementation of demonstration micro-projects during the planning process.
- # Action plans should be realistic and only take into account existing local resources.
- # A less technocratic, technological planning process improves chances of community adoption.

- # The creation of a steering committee in which the community and NGOs are strongly represented is important. The committee should be capable of reinforcing the partnership between local authorities and communities, and of promoting serious consideration of local concerns. It should be located in the relevant municipal institution.
- # The involvement of public authorities and private sector actors through written engagements from the beginning of the planning process improves the conditions for the implementation of the action plans.
- # Monitoring and evaluation should emphasize epidemiological, economic, and environmental factors to increase the potential for external funding.

The replication of such projects depends upon the following:

- # municipal authority political will
- # the extent of participation of Civil Society in the planning process
- # effective community identification of priority environmental problems

4.5 Case Study of Banconi in Bamako, Mali (Presented by Dr. Akory Ag Iknane, Chef Unité d'appui au GIE Santé pour tous, Bamako)

Encouraged by local leaders, members of the community of Banconi, a heavily populated, predominantly poor Bamako neighborhood, formed an association to raise and manage a community health center to complement existing government and private services, with which they were no longer satisfied. In 1986, a project document entitled “*Association Santé Communautaire de Banconi*” (ASACOBA) was developed with the assistance from the National Institute of Research in Public Health (INRSP) and the Bamako School of Medicine. The INRSP later conducted socio-economic and feasibility studies, and the community eventually obtained government

recognition of the association. In 1988 ASACOBA received an initial round of financial support from the French Cooperation, the NGO “Française Médecins du Monde,” and UNICEF. The center was opened on a modest scale in 1989 and has since progressively widened its range of services.

A nonprofit center, ASACOBA is managed under the direction of a board established by the population. In addition to financing from a large number of institutions and organizations, the community has supported the center through the purchase of membership cards, the purchase of land on which a new center has been constructed, the financial contribution to the construction of the new center, and the management of the center with cost-recovery mechanisms.

4.6 Introduction to the Community Involvement in the Management of Environmental Pollution (CIMEP) Approach (Case Study of the Benin Project)

[The discussion below is based on the presentations of Dr. May Yacoob, director of the EHP/CIMEP project; Mr. Zourkarneyni Toungouh, the Prefect of the Department of Borgou; Mr. Salifou Yallou, Benin Project Manager; and the Coordinators of the Benin CIMEP teams: Mr. Abdoulaye A. Ramane, Mr. Alidou Sougourou, and Mr. Alou Soule.]

CIMEP GOAL

CIMEP's goal is to improve the extension, maintenance, and management of public services—such as the provision of drinking water and electricity, sewage management, garbage collection, and refuse recycling—to improve the environmental health conditions of the periurban poor.

The Benin project was inaugurated at a start-up workshop held in October 1997 and attended by

representatives of all the stakeholder groups—communities, NGOs, other projects, donors, and local, departmental, and national levels of public administration. At the workshop, USAID, EHP, and the Prefecture of Borgou signed a Memorandum of Understanding (MOU).

CIMEP is currently being executed as a pilot activity in the three cities of Baninkoara, Bembereke, and Parakou in the Department of Borgou. These cities were selected from among Borgou’s fourteen largest towns according to the following criteria: presence of environmental pollution risk factors; potential for mobilizing human and financial resources; prevalence of specific diseases; and socio-economic factors, such as community cohesiveness and homogeneity.

With the signature of the MOU, the departmental and subprefectural authorities were committed to the project and involved in its execution. This commitment has enabled the subprefects and their collaborators to take the three neighborhoods the hardest hit with environmental health problems and place the CIMEP teams in them.

4.6.1 Roles and Responsibilities of CIMEP Teams

The three CIMEP teams work with the 2292 households of nine neighborhoods—three from each of the three cities. Each team is composed of seven members: three neighborhood representatives, one representative from an NGO working in the city, and three representatives from the government departments of health, environment, and administration.

With the participation of the communities and the oversight of the Departmental Environmental Health Committee (DEHC), the CIMEP teams develop and promote the community-based approach in Benin. They plan, facilitate, and monitor the activities undertaken jointly by the administration, the communities, and Civil Society representatives. They are responsible for facilitating the following:

- # community identification of environmental health problems;
- # joint determination of solutions to problems identified;
- # joint implementation of solutions identified;
- # the development and implementation of a system of monitoring and evaluation.

CIMEP APPROACH

The CIMEP approach is to build capacity among municipal service directors, elected officials, and NGOs to work as partners with communities to plan and implement services improving environmental health.

The CIMEP project in Benin is composed of the following five phases:

- Phase I Problem Identification
- Phase II Solution Development
- Phase III Micro-project Planning
- Phase IV Micro-project Implementation
- Phase V Finalization and Scale up

The steps undertaken by the CIMEP team, working with the project manager, are roughly the same for each phase:

- # CIMEP team conduct capacity-building training.
- # New skills are tested in a neighborhood outside the project zone.
- # Coordinators of the three teams develop a joint plan for implementing the activities of the phase.
- # Each team develops a plan and prepares for undertaking the activities.
- # Each activity of the phase is executed.
- # After each activity is implemented, the team synthesizes results and assesses lessons learned.
- # At the end of each phase, the CIMEP teams report to the DEHC at a roundtable.

To date, the CIMEP teams have implemented the first two phases of the project. Two capacity-building sessions were conducted with the 21 CIMEP team members. The first, held October

13–16, 1997 gave the teams the techniques to enable them to gather information and conduct participative diagnosis of problems. The second, held January 12–16, 1998, taught them techniques to analyze health problems and determine solutions with communities.

4.6.2 Phase I: Problem Identification

CIMEP teams facilitated community use of the following tools to identify community environmental health problems:

- # Rapid delimitation of the neighborhood
- # Community map of environmental health problems
- # Historic profile of the neighborhood's health problems
- # Venn diagram of neighborhood institutions
- # Focus groups
- # Participative home observations

In his presentation, the Prefect of Borgou noted that the distinguishing feature of CIMEP is that it does not use paid development agents to work with the communities but creates joint municipal teams—the CIMEP teams—formed of volunteers representing the community, the various public services, and civil society.

As an example of the results produced in the neighborhood of Koiré in the city of Banikoara, the following problems were identified:

- # Stagnant wastewater from wash areas
- # Defecation in public areas
- # Consumption of nonpotable water from wells
- # Public dumping of household refuse
- # Storage of drinking water in uncovered jars

4.6.3 Phase II: Participative Analysis of Problems and Development of Solutions

In the second phase, CIMEP teams worked with the communities to analyze the problems. First, they prioritized the problems and selected the three considered to be the most important. Then, using the Tree of Causality process, they explored the causes and effects of the problems. With the Tree of Solutions, they identified potential actions to resolve the problems and their impacts.

Summarized in Table 1 are the results of the analysis of two priority problems from Koiré.

Table 1: Analysis of Two Priority Problems in Koiré

Cause	Effects	Actions	Impacts
Problem: stagnant water from wash areas			
absence of septic tanks	bad odors	request technical assistance in constructing showers	fewer bad odors
no tech support	mosquitoes	build wash areas with septic tanks	fewer mosquitoes
	fever		fewer fevers
	diarrhea		better health
Problem: defecation in public spaces			
insufficiency of latrines	poor hygiene	construct latrines	cleaner public areas
absence of public awareness	diarrhea	heighten public awareness	improved health
uncontrolled children	parasites		
	medical expenses		reduced medical expenses

Table 2: Self-Evaluation Matrix for the CIMEP Benin Team

Theme	Observation	Result	Lesson
CIMEP Team Management	teams received two training workshops and technical assistance in the field	fundamental technical and planning skills strengthened	CIMEP team training and technical assistance are essential
	roundtables held with CIMEP teams and the CIMEP Departmental Committee on Environmental Health	objective and constructive oversight of CIMEP team activities	coordination with government at departmental level is essential
	insufficient financial support to CIMEP teams	difficulties in achieving activities planned	program a budget for CIMEP teams
	two CIMEP team members frequently not available for team work	remaining CIMEP team members were overworked	availability is critical in CIMEP team member recruitment rapid replacement of nonactive members is essential
Institutional Partnerships	CIMEP teams formed of three partners: NGOs; population; administration	synergy from the diversity of backgrounds; team spirit	composite composition makes CIMEP teams function efficiently
Community Participation	community members participate more heavily in the evening	teams held more sessions at night	plan to adapt work schedules to community availability
	elders, local leaders, and religious leaders are present at meetings	strong community participation	make an extra effort to involve local leaders
	community participation progressively increased as team methods were refined and CIMEP process evolved	increasingly large proportion of the community mobilized	have patience and persistence when working with communities

4.6.4 CIMEP Team Management

CIMEP team procedures include a process of systematic self-evaluation and problem solving. In an assessment of their implementation of the first two phases, the CIMEP coordinators completed the evaluation matrix included here as Table 2.

4.6.5 CIMEP Team Conclusions

After implementing the first two phases of CIMEP in Benin, the CIMEP team coordinators came to the following conclusions:

- # The tools for participatory analysis and diagnosis are adapted to the context, especially the neighborhood map and Tree of Solutions.

- # The CIMEP teams, because of their composition, were able to reinforce collaboration and play a catalytic role among the administration, communities, and NGOs.
- # The CIMEP tools resulted in strong community participation and contributed to community realization of the precariousness of their health conditions, as well as their capacities to resolve community problems.
- # The planned activities were completed within the six month period, with the exception of one of the neighborhoods.

4.6.6 Institutional Framework and Project Oversight

Project activities are monitored and supervised by the DEHC, which is chaired by the Prefect of the Borgou Department. Committee membership consists of the departmental directors for the ministries of health, planning, and environment, as well as the mayors of the three cities and the subprefects for their administrative divisions. The committee meets in roundtables of decision-makers to evaluate the project and provide assistance where needed. It also visits the sites of the project every two months with the intention of supporting the CIMEP teams and encouraging communities in their work.

The activities undertaken by the CIMEP teams during Phase I and Phase II were

presented by the coordinators of the three teams during roundtables in December 1997 and April 1998, to the satisfaction of the administration of Borgou. In addition to presenting the results of their work, CIMEP coordinators presented any problems encountered in the execution of their work for resolution by the committee. In the April roundtable, for example, the committee decided that the neighborhood in which no progress was being made would be excluded from the project. It also followed up on earlier decisions to replace unavailable CIMEP team members.

In his presentation to the workshop, the Prefect of Borgou presented the following results and conclusion:

- # CIMEP has produced agents capable to perform rapid participatory diagnosis of urban problems.
- # It has increased local awareness and appreciation of community capacity to resolve problems through modest means.
- # It has generated confidence through a partnership among the administration, the public, and civil society.
- # In conclusion, the CIMEP approach has been adapted to the realities of Benin and the results obtained are strongly encouraging.

5 EXTERNAL RESOURCES: THE DONOR PANEL

[On the last morning of the workshop, a panel was composed of representatives of three donors and two multidonor programs. They were each asked to briefly explain the extent and nature of their institution's involvement in environmental health in secondary cities and the process of activity funding. The panel was composed of the following individuals: Mr. Arnaud Wagner, GTZ; Mr. Prosper Poukouta, ADB; Mr. Charles Ogonuchi, USAID; Mr. Alioune Badiane, UMP; Mr. Martin Finken, Programme de Development Municipal.]

African Development Bank: The ADB finances government projects and microprojects to private sector businesses. Environmental health projects must be justified through relevance to existing programs in countries, such as the ongoing poverty alleviation program, after which bilateral partners, having identified the sectors they are interested in, are contacted by ADB for funding.

Deutsche Gesellschaft für Technische Zusammenarbeit: GTZ is an agency for the provision of technical assistance that works with a wide range of partners in the private sector, governments, and Civil Society. GTZ is working in environmental health issues in secondary cities in Benin within the framework of support for the development of a National Environmental Action Plan, which addresses impact of the overexploitation of air, water, and soil on the quality of life.

The United States Agency for International Development: The three strategic objectives of the USAID Mission in Benin support activities in Education, Health, and Democracy and Governance. USAID provides direct support to governments and project support. Direct support is provided to NGOs only once they are certified in the United States, though NGOs may receive funding from USAID indirectly. USAID finances the EHP/CIMEP project in Benin.

The Urban Management Program: The UMP receives funding from a number of donors, principally the UNDP, which currently provides 40 percent to the program. Other donors include Holland, Sweden, Denmark, Germany, and Switzerland. UMP is managed by the World Bank and the UNDP and works in 15 countries in Africa. (Further discussion of UMP is to be found in Section III.1.)

Programme de Développement Municipal: The Municipal Development Program, or PDM, supports decentralization in 24 countries in West and Central Africa. The major activities of the PDM are support for decentralization, support for the creation of mayor's associations, support of collaboration between local governments, capacity building, and international communication among local governments. PDM works through municipalities. It receives support from the French Cooperation, Canadian International Development Agency; the European Union, the World Bank, and others.

6 CONCLUSION: LESSONS LEARNED AND NEXT STEPS

[At the conclusion of the workshop, participants were asked to briefly state one thing that they had learned and one action they would take when they got home. Their answers are summarized below.]

6.1 Participants' Perspective

6.1.1 Workshop Lessons

Several government representatives stated that they learned more clearly the nature and usefulness of a community-based approach; others will return to their work with a greater understanding of the importance of their own support for communities and community-based activities; NGO directors had discovered similarities among their approaches; NGO directors and government representatives alike were convinced of the potential for participatory methods in resolving environmental health problems; participants were pleased to discover themselves part of a larger, regional effort; and personal convictions were reinforced that building on community strengths is fundamental.

6.1.2 Actions

Participants will return committed to inform others of what they have learned; they will write reports and newsletters, and report to the members of their offices, villages, associations, agencies, and communities. Government representatives committed themselves to

supporting the scaling up of existing projects; donor representatives will recommit themselves to looking for resources to support the effort; NGO directors and project managers alike intend to apply the lessons learned to their ongoing activities; others committed themselves to keeping in touch with the people met at the workshop. Overall, participants committed themselves to return to their homes to address environmental health problems in secondary cities with a refined understanding, greater vigor, and a new sense of community.

6.2 Organizers' Perspective

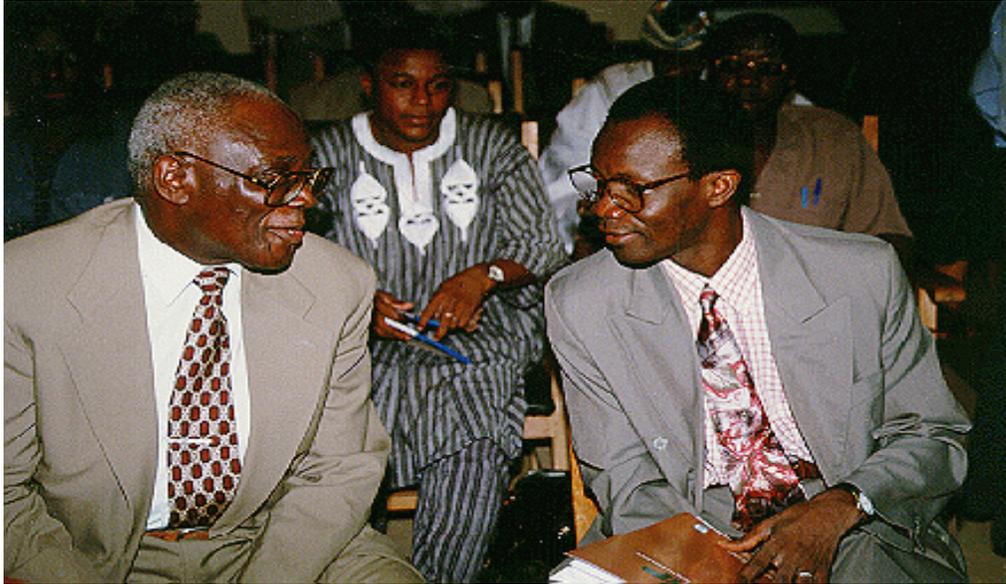
The workshop discussions resulted in an agreement by the organizers that there should be continued dialogue/meetings in two main areas. First, there is the increasing problem of medical waste management that needs to be addressed in secondary cities in West Africa. The CIMEP and City Consultation processes presented at the workshop are potential tools that could be used in identifying and understanding local concerns around medical waste issues and eventually mobilizing communities and leaders to address this problem. The second area is cost recovery for municipal and communal services. There should be more collaboration between donors and governments in providing financial tools (such as computer programs/models) for analyzing municipal expenditures and developing cost recovery plans.



1. The opening panel at the workshop, left to right: Alioune Badiane, UMP; Léon Klouvi, Ministry of Health; Thomas Park, USAID/Benin; and May Yacoob, EHP.
Le panel d'ouverture à l'atelier, de gauche à droite: Alioune Badiane, UMP; Léon Klouvi, Ministère de la Santé; Thomas Park, USAID/Bénin et May Yacoob, EHP.



2. Participating in the entire workshop was a Benin traditional chief (second from the right) from Bembereke and his advisor (far right).
Un chef national du Bénin (deuxième à partir de la droite) de Bembereke et son conseiller (tout à droite) ont participé à tout l'atelier.



3. Keynote speaker Dr. Akin Mabogunje exchanges ideas with Mr. Zourkarneyni Toungouh, the Prefet of Borgou.
L'orateur principal, Docteur Akin Mabogunje échange des idées avec M. Zourkarneyni Toungouh, le préfet de Borgou.



4. Many of the workshop sessions involved discussion in small groups and then reporting back in a plenary session.
Un grand nombre des séances de l'atelier comprenaient des discussions en petits groupes et ensuite des comptes rendus en séance plénière.

Appendix A

**Participant List
May 18–20, 1998, Cotonou**

Regional Workshop Participation List

May 18-20, 1998, Cotonou

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Appendix B

**Workshop Agenda
May 18–20, 1998, Cotonou**

**Community-Based Approaches for Environmental Health
in Secondary Cities in West Africa and Processes for Scaling Up CIMEP Workshop
May 18 - 20, 1998, Cotonou, Benin**

Day 1: Time	Monday, May 18
9:00 - 9:20	Opening – USAID, UMP and Ministry of Health
9:20 - 10:00	Objectives and Outputs
10:00 - 10:15	Break
10:15 - 11:00	Keynote Addresses: <ul style="list-style-type: none"> • Professor Mabogunje, Nigeria: The Challenges of Secondary Cities • Dr. Soton Andre, Benin: The Health Impacts from the Environments • Dr. Omar Cisse, UMP, Dakar: Methodologies for Approaching Communities • Dr. Kopieu Gouganou, CREPA, Cote d'Ivoire: Community-Based Approaches for Environmental Health • Dr. May Yacob, EHP, Washington: The CIMEP Approach
11:00 - 12:30	
13:00 - 15:00	Lunch
15:00 – 15:10	Summary
15:10 – 16:30	Small Group Work: Community-Approaches
16:30 - 17:20	Report Outs
17:20 – 17:30	Wrap up
17:30	Adjourn
18:00	Reception at Hotel Vickinfel

Day 2: Time	Tuesday, May 19
8:30 - 8:40	Opening
8:40 - 9:10	Roles and Responsibilities: UMP Ibadan (Nigeria) Case Study by Dr. Tunde Agbola
9:10 - 10:00	Roles and Responsibilities in Community-Based Approaches by Stakeholder Groups by Dr. Akory Ag Iknane (Mali)
10:00 - 10:15	Break
10:15 - 11:30	Small Group Task Report Out
11:30 - 12:30	
12:30 - 12:45	Issues Synthesis
12:45 - 13:00	Summary
13:00 - 15:00	Lunch, Coffee and Video from CIMEP Case Study in Tunisia
15:00 - 16:30	The Benin Experience and Scaling Up: Presentation of the “Prefet” and Municipal Teams of the Borgou Department
16:30 - 16:45	Break
16:30 - 17:30	Small Group Work: Issues in Scaling Up
17:30 - 17:50	Summary and Orientation by Prof. Akin Mabogunje
17:50 - 18:00	Wrap Up
18:00	Adjourn

Day 3: Time	Wednesday, May 20
8:30 - 8:40	Opening
8:40 - 9:20	Report Outs on Small Group Work: Issues in Scaling Up
9:20 - 10:40	Donors' Panel
10:40 - 11:00	Break
11:00 - 11:45	Next Steps by Country
11:45 - 12:30	Report Out
12:30 - 13:00	Synthesis, Wrap Up and Evaluation
13:00	Closure/Lunch