



ENVIRONMENTAL HEALTH PROJECT

ACTIVITY REPORT

No. 24

**ADDRESSING ENVIRONMENTAL HEALTH
ISSUES IN THE PERI-URBAN CONTEXT:
Lessons Learned from CIMEP Tunisia**

September 1996

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CONTENTS

CIMEP/TUNISIA TEAM MEMBERS	iii
ACKNOWLEDGMENTS	v
EME TEAM MEMBERS	vii
ACRONYMS	ix
EXECUTIVE SUMMARY	xi
1. INTRODUCTION	1
2. DEVELOPMENT OF THE CIMEP APPROACH	3
2.1 Project Initiation	3
2.2 The CIMEP Methodology	3
2.3 CIMEP End Products	4
3. CASE STUDY: THE CIMEP PILOT PROJECT IN TUNISIA	5
3.1 Background	5
3.2 Differing Definitions of Participation	5
3.3 Selecting the Technical Assistance Team	6
3.4 Selecting the Participants	6
3.5 The Assessment Phase	6
3.6 Skill-Building Workshops	9
3.7 Applying Community Problem-Solving Skills	9
3.8 Follow-Up Training	10
3.9 Policymaker Roundtables	12
3.10 Developing and Implementing Microprojects	12
3.11 A Regional Resource	14
3.12 Scale-Up	14
4. RESULTS	21
4.1 Environmental Health Indicators	21
4.2 Institutional Behavior Changes	24
5. LESSONS LEARNED	28

ANNEX

Additional Resources Available through EHP	31
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TABLES

1. CIMEP/Tunisia Time Line	7
2. Results of Community Microproject Activities	22
3. Institutional Changes in Sousse and Kasserine during CIMEP	25

FIGURES

1. CIMEP Activities Flowchart	8
2. Community Problems Impacting on Environmental Health	11
3. Environmental Health and Diseases in Peri-urban Neighborhoods	23

PHOTOS	17-19
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CIMEP/TUNISIA TEAM MEMBERS

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The CIMEP approach is about improving governance.—Salah Bousataa,
Director General of Local Communities, Ministry of Interior, Tunisia

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Abderrazak Chaabani, Vice President of Municipality
Jamel Rhimi, Municipal Counsellor
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ACRONYMS

CIMEP	Community Involvement in the Management of Environmental Pollution
COP	Comité d’Orientation du Projet (policymakers’ committee)
EHP	Environmental Health Project, funded by USAID’s Office of Health and Nutrition
EME	équipe municipale élargie (expanded municipal team)
GESCOME	Gestion Communautaire de l’Environnement (CIMEP)
LGSP	Local Government Support Project (funded by USAID)
MOI	Ministry of Interior
NENA	Bureau for the Near East/North Africa (USAID)
NGO	nongovernmental organization
RCD	Rassemblement Constitutionnel Démocratique (local political organization)
RHUDO	Regional Housing and Urban Development Office (USAID)
USAID	U.S. Agency for International Development
WASH	Water and Sanitation for Health Project (funded by USAID 1981-1994)

EXECUTIVE SUMMARY

To address the environmental health problems that plague the peri-urban poor in North Africa and the Middle East, the U.S. Agency for International Development (USAID) initiated an innovative, participatory program in Tunisia in January 1995. Titled Community Involvement in the Management of Environmental Pollution (CIMEP), the initiative was designed to develop partnerships between national decision makers, municipalities, and communities so that together, these stakeholders could plan and implement the extension of municipal services to peri-urban communities. The object of CIMEP was to extend such services and achieve more effective and efficient use of municipal infrastructure to improve environmental health conditions of peri-urban neighborhoods.

CIMEP evolved from lessons learned during the 14-year Water and Sanitation for Health (WASH) Project supported by USAID's Office of Health and Nutrition. Although the WASH Project ended in 1994, much of its work has continued under the follow-on Environmental Health Project (EHP). EHP implemented the CIMEP initiative in Tunisia.

This report on the 18-month pilot project in two cities in Tunisia serves two main purposes. First, the report describes the methodology which was used in Tunisia. Second, it presents a case study of the recent CIMEP experience in Tunisia that USAID officials and other donor organizations may find useful for programs they are developing.

The four main components of CIMEP are skill-building workshops, on-the-job follow-up, policymaker roundtables, and microprojects/interventions. The methodology is being scaled up in Tunisia.

At the end of the project, local government officials and leaders reported on the results. They looked at community-level behavior changes—related to clinic usage, housing, water, garbage, and wastewater—and institutional behavior changes. As a result of the CIMEP

interventions, the local population began to understand that environmental health conditions impact physical and mental health. Some specific behavior changes included corralling animals, building latrines, using trash containers, and cleaning up neighborhood garbage. The behavior of municipal officials also changed. They have begun to perceive poor communities as having resources to offer and have begun to use participative methods with community members to identify the priority environmental health issues. Communities now feel a sense of ownership for local projects and contribute more than is required of them. Finally, government officials and municipal staff have a heightened awareness of peri-urban problems and interest in community environmental health improvements.

Many lessons were learned from the 18-month CIMEP project in Tunisia:

- # The process for addressing environmental health conditions in peri-urban communities must be immediate, directed, and sustained, and interventions must provide concrete results in a short time frame.
- # Differing concepts of participation can hinder the use of participative techniques by stakeholders and the policy changes required to sustain them.
- # Municipal strengthening approaches need to include both participation and privatization in a complementary fashion.
- # Municipalities can realize significant cost savings (in Tunisia it was 20-40%) by using participative techniques.
- # Behavioral indicators can be very effective tools for communities to monitor their own progress in alleviating adverse environmental health conditions.
- # Microprojects were crucial to the success of the project. Hence, the integration of "process" and concrete "products" work together to achieve effective results. They reinforce trust between the public sector and communities.



INTRODUCTION

As we move into the second millennium, health-threatening environmental conditions are becoming the norm for many poor people. The world population continues to grow—resulting in increased urbanization and burgeoning cities which have woefully inadequate infrastructure and services for their residents. Environmental health threats are especially acute in developing countries where one-third of the developing world's urban population (12.5% of the total population) lives in cities with over a million inhabitants.¹ Worldwide, an estimated 600 million people live in these urban, or “peri-urban,” areas in life-threatening and health-threatening homes and neighborhoods. Studies have linked peri-urban poverty to illnesses and high rates of morbidity and mortality among children and mothers.

In this peri-urban context, efforts to improve health must not be limited to health clinics and hospitals; they must occur in the households and communities themselves as well. An environmental health approach differs from that of the health sector. Whereas hospitals and clinics try to cure illness and disease, environmental health programs attempt to *prevent* them before they happen. Prevention efforts attempt to reduce exposure to disease vectors and pathogens, to improve environmental conditions, and to promote behavioral change.

Efforts by governments to improve the living conditions in peri-urban communities, however, have been misplaced, ineffective, or even nonexistent. The peri-urban poor are often ignored by central governments, misunderstood by municipal governments, and given minimal access to public moneys. These communities have been

neglected because their problems are so complex: the challenge of peri-urban poverty is at once socio-cultural, environmental, economic, and institutional. Finding solutions to peri-urban environmental health issues requires new strategies which address the problems through cross-sectoral and multi-institutional efforts and actions. Groups such as central ministries, local municipalities, NGOs, neighborhood associations, and local citizens (especially women) must forge new partnerships to fashion solutions.

In order to create these new partnerships, behavior change must take place on every level, but most crucially, starting with public sector municipal institutions which are often the most intractable constraint to effective community action planning. The relationship between elected officials and community leaders can also be weak and fragmented. Municipal officials must change how they view community members who, although poor, can offer ideas, skills, labor, and even financial resources toward developing environmental health solutions. Governments must recognize that peri-urban citizens are not just the “problem”; they can actually shoulder some of the responsibility for ideas and action. Similarly, community members have to change their behavior and perceptions—instead of fear and avoidance of government officials, they must now try trust and cooperation. Through such partnerships, real progress toward improving health and living conditions in peri-urban communities is possible.

Given this picture of environmentally-related peri-urban health issues and their solutions, how then do governments actually make these changes? That is where donors and development organizations play a role. EHP has developed a detailed participatory approach—targeted at municipalities—for addressing environmental issues in a peri-urban context. Elements of the

¹ J.E. Hardoy, D. Mitlin and D. Satterthwaite. 1992. *Environmental Problems in Third World Cities* (London: Earthscan Publications Ltd.)

methodology include improving the access of peri-urban communities to municipal services, redistribution of roles and responsibilities among various municipal actors, and a fundamental structural change in the way municipalities do their job and define their results.

This report describes the approach and how it was implemented in Tunisia. First, the general methodology is presented, followed by a description of the experience in Tunisia including the design of the process, scaling up, the results and end products, and the lessons learned.



DEVELOPMENT OF THE CIMEP APPROACH

2.1 Project Initiation

To address the environmental health problems that plague the peri-urban poor in North Africa and the Middle East, the U.S. Agency for International Development (USAID) initiated an innovative, participatory program in Tunisia in January 1995. Titled *Community Involvement in Management of Environmental Pollution (CIMEP)*², the initiative was designed to develop partnerships between national decision makers, municipalities, and communities so that together, these stakeholders could plan and implement the extension of services to peri-urban communities. The object of CIMEP was to achieve more effective and efficient use of municipal infrastructure to improve environmental health conditions of peri-urban neighborhoods. The CIMEP program was part of a larger USAID municipal-strengthening effort in Tunisia known as the Local Government Support Project (LGSP).

2.2 The CIMEP Methodology

CIMEP evolved from lessons learned during the 14-year Water and Sanitation for Health (WASH) Project supported by USAID's Office of Health and Nutrition. Although the WASH Project ended in 1994, much of its work has continued under the follow-on Environmental Health Project (EHP). EHP implemented the CIMEP initiative in Tunisia.

Much of the CIMEP methodology was derived from USAID's experience creating water-user associations for rural areas in Tunisia and promoting participatory methods for managing water and sanitation systems worldwide. The most

important lesson learned during those efforts was that investments in technology or facilities were not sufficient to achieve long-term improvements in health. The behaviors of people who used and managed the infrastructure also had to change. This included individuals at all levels: community members (both men and women), community leaders, municipal officials, and national decision makers.

CIMEP is a flexible approach that can be adapted to the specific needs of a community or other client group. For example, in Ecuador, the CIMEP methodology was used to train public health officials to develop community-based, participatory interventions to counter cholera outbreaks. In Egypt, it will be used to create an effective consumer department within the water and wastewater utilities in the Secondary Cities Project.

The CIMEP methodology assists public sector staff to make the necessary behavior changes that allow them to develop effective partnerships with their client communities. CIMEP consists of the following key components:

- # *Assessment phase.* The public sector stakeholders define the issues to be addressed, develop their vision for reaching communities, and select the participants needed to implement the CIMEP effort. During this phase, a work plan is developed, pilot areas are selected, and approaches for extending the activity to other communities, cities, and utilities are determined.
- # *Skill-building workshops.* A series of two- to four-day workshops in both technical and process skills are conducted at approximately eight-week intervals to train members of cross-sectoral municipal teams in the CIMEP methodology.

²In Tunisia, the CIMEP participants named the project "Gestion Communautaire de l'Environnement," or GESCOME.

- # *Follow-up.* After each workshop, participants are provided with on-the-job follow-up by in-country specialists who manage the CIMEP project.
- # *Policymaker roundtables.* A series of one-day meetings that include key local, regional, and national-level stakeholders are held to identify problems and find ways to alleviate them. The policymaker roundtables are held about every eight weeks, usually just before or after the skill-building workshops.
- # *Microprojects/interventions.* Simple, neighborhood-level interventions that address critical pollution problems, microprojects serve as a practical mechanism for creating partnerships between public and/or private sector actors and communities. They link the “process” to “products” and are paid for out of revolving funds or by grants that are replenished by the public or private sector partners.

Part of the CIMEP methodology is to use local consultants to manage the project. Once the project has ended, these local consultants are then able to provide technical assistance to

other countries in the region that decide to implement the methodology. International technical assistance is used only when no local expertise is available and as necessary to guide the process.

2.3 CIMEP End Products

The following end products can be expected after applying the CIMEP approach in a given community:

- # A concept paper that outlines the approach for the country and includes the work plan.
- # Training materials, in the country’s language(s), from the skill-building workshops on community activities (i.e., participative techniques, community mapping, running focus group meetings, etc.).
- # A training-of-trainers’ guide for CIMEP for replication in-country.
- # A cadre of experienced CIMEP trainers.
- # A procedures manual outlining how CIMEP can be integrated into the ongoing activities of the municipality or utility.
- # Lessons learned from the specific application, which are then used to develop a strategy for scaling up to other institutions and regions in the country.
- # A brief video to market the process to other institutions within the country.
- # Neighborhood-level interventions (microprojects) that help prevent pollution and improve environmental health conditions.

3

CASE STUDY: THE CIMEP PILOT PROJECT IN TUNISIA

3.1 Background

USAID's Regional Housing and Urban Development Office (RHUDO) in Tunis sponsored the initial CIMEP effort in Tunisia. Two cities were chosen for the pilot project, Sousse and Kasserine. Sousse, a resort city on the Mediterranean coast, has a population of about 125,000 residents, mostly middle-to-poor working class. Its neighborhood committees are fairly active. Kasserine is an inland, industrial city of about 68,000 mostly poor-to-very-poor residents. It has no neighborhood committees. In Sousse, the CIMEP activities took place in two neighborhoods: 1) Oued Blibane, comprising 2,500 families, or 12,000 people and 2) Ksibet-Chott, comprising 1,500 families, or 9,200 people. In Kasserine, CIMEP was implemented in one neighborhood, R'tibat Quartier, comprising 120 families, or 540 people.

Before CIMEP got underway, USAID, through the Local Government Support Project (LGSP), sponsored roundtables in each city that brought together elected municipal officials, high-level administrative staff, and representatives of NGOs. The purpose of these meetings was to determine existing constraints to participatory efforts to improve the overall functioning of the municipality. The necessary vehicles for stakeholder participation were in place: community associations, known as *Comités du Quartier*, with staff paid by the Ministry of Interior; NGOs, staffed by part-time volunteers with paid jobs in the industrial or public sectors; technical and administrative municipal staff; and elected officials. During the meetings, municipal officials expressed frustration at not knowing how to bring all of these stakeholders together to address a variety of needs, including extending services to peri-urban neighborhoods.

They also said their efforts were stymied by the mistrust with which community members viewed the public sector. (Later in the project, during community focus group meetings, community members did express their lack of trust in municipal staff and appointed officials.)

3.2 Differing Definitions of Participation

The political climate in Tunisia when the CIMEP effort began was strongly supportive of decentralization and community participation. Municipalities throughout the country favored these concepts and believed that participation was occurring.

As the CIMEP project progressed, it became apparent that the definitions of participation held by the public sector and by communities were very different. To those working in the public sector, at both the municipal and national levels, participation meant that people in communities would provide labor and money to carry out infrastructure projects planned by central decision makers. To community members, however, participation meant that municipal institutions would provide them with the same services that wealthier neighborhoods receive. These gaps—in understanding, in trust, and in the distribution of roles and responsibilities—were what CIMEP was able to help bridge. The process implemented by CIMEP allowed the stakeholders to create participatory partnerships.

It should be noted that even in Tunisia, where the central government has long supported participation for the management of rural infrastructure, public sector stakeholders at the municipal level fear losing control of the decision-making process. Perhaps the most crucial element

ensuring the acceptability of CIMEP to decision makers was the project's identity as a means of providing sustainable services to peri-urban neighborhoods.

3.3 Selecting the Technical Assistance Team

The success of any CIMEP effort depends greatly on the local consultants who provide most of the in-country technical assistance. The members of a CIMEP technical assistance team must be able to communicate regularly with government officials at various levels; provide support, supervision, and on-the-job training to public sector project participants; and carry out administrative functions, such as completing reports, organizing workshops, and managing in-country project funds. It is a challenge to put together a team with all these skills. EHP identified local consultants for the team through recommendations and its consultant network.

Two in-country specialists managed the CIMEP project in Tunisia: an economist who served as the project coordinator and a trainer with extensive experience in community participation. A third part-time team member, a public health hygienist, monitored the behavioral changes in environmental health conditions and tracked the impact of those behaviors on disease mortality and morbidity. Selection of the team was one of the first steps in implementation, as shown in Table 1, which presents a timetable of the main events of the CIMEP project in Tunisia, and Figure 1, which is a diagram of the process.

3.4 Selecting the Participants

One of the first tasks for the technical assistance team was to facilitate the selection of participants from each city who would form a cross-sectoral project team, called an *équipe municipale élargie* (EME), which roughly translated means “expanded municipal team”, since each team included representatives from NGOs and the Comités du Quartier in addition to municipal staff members. The actual selection was done by national and

municipal decision makers, which allowed the project to benefit from their expertise and gave the decision makers an interest in the outcome. The composition of the EME in each city had to match clearly outlined criteria. Teams had to include 1) municipal technical staff with expertise in solid waste, water, wastewater, sanitation, food hygiene, and municipal gardens; 2) municipal administrative staff, such as city managers; and 3) representatives from NGOs and the Comités du Quartier.

Because municipal staff report to the Ministry of Interior (MOD) and the staffs of NGOs and the Comités du Quartier report to the Regional Directorate of Local Authorities (*Direction Regionale d’Autorité Locale*), these two key organizations had to give their approval for the participants to take part in the training workshops. Initial efforts to choose the most appropriate participants encountered difficulties because these stakeholders, especially the Regional Directorate, were unaware of CIMEP and its objectives. Thus the process of selecting participants was broadened to include gaining the support and commitment of employers so that the EME team members could complete the training.

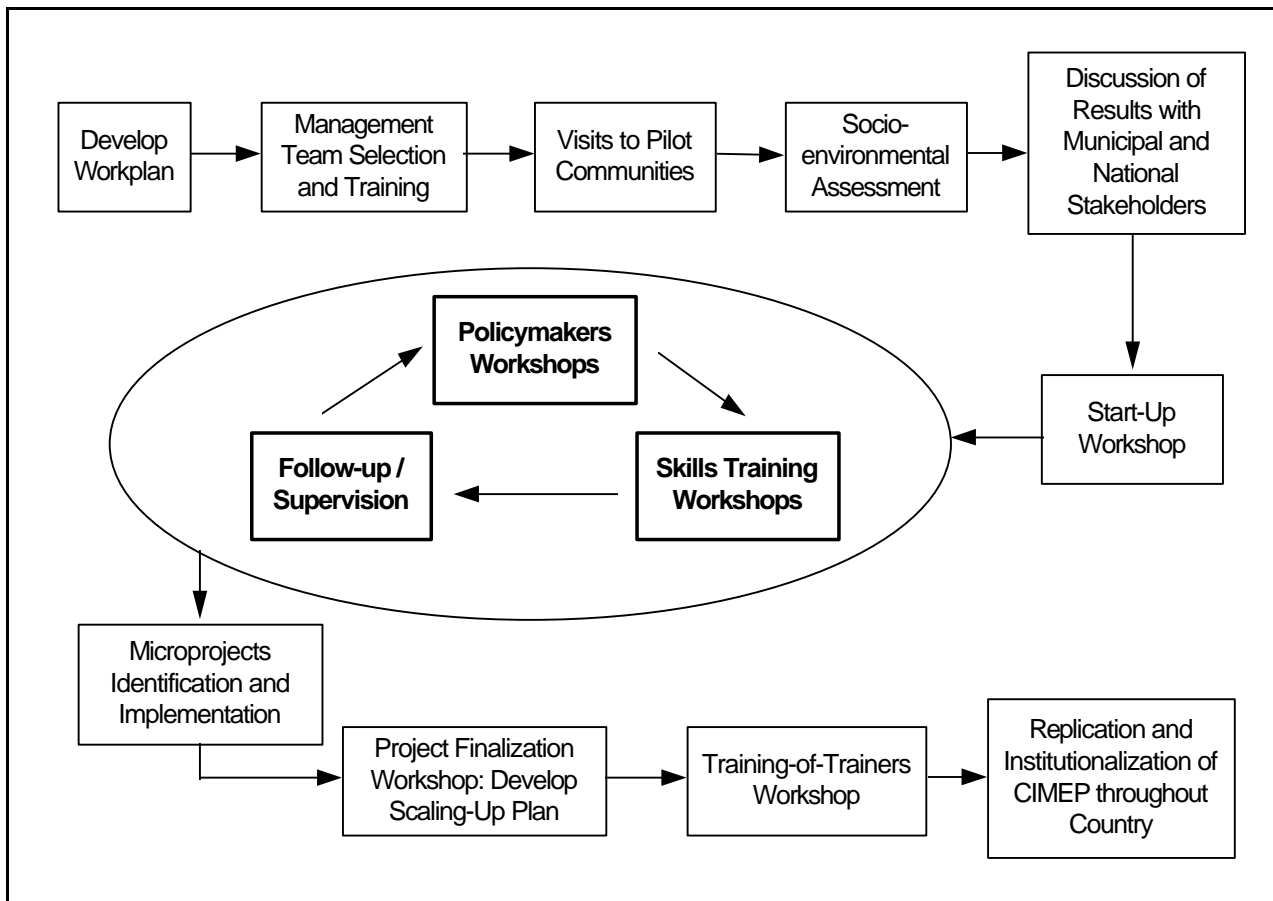
3.5 The Assessment Phase

An assessment was conducted by two professionals—one a member of the CIMEP technical assistance team and the other a Tunisian sociologist. The goal of the CIMEP

Table 1
CIMEP/Tunisia TIME LINE

January 1995	<ul style="list-style-type: none"> < Develop a work plan—including detailed activities, workshop objectives, levels of effort, and a time line—during 10-day visit by CIMEP team manager < Choose CIMEP team members
February 1995	Team planning meeting—one week, with relevant stakeholders to redefine the objectives, outline activities, and specify timing and resources required for each action
February–March 1995	Socio-economic assessment—six weeks, conducted in Sousse and Kasserine by CIMEP team members
March 1995	Project start-up workshop—one day, including 40 people from Sousse and Kasserine as well as regional- and central-level officials to bring everyone on board for the project
June 1995	First skill-building workshop—one week, focused on developing a common understanding of CIMEP and its components and teaching simple data collection and community management skills
July–August 1995	On-the-job follow-up—to put the skills learned at the workshop into practice; the methodology and indicators for follow-up were also established
September 1996	Policymakers' roundtable—one day, to identify and overcome any constraints to implementing CIMEP
October 1996	Second skill-building workshop—three days, teaching field methods and techniques for understanding community environmental health behavior
November–December 1996	Follow-up in the field
December 1996	Policymakers' roundtable—one day
December 1996	Third skill-building workshop—four days, teaching participatory techniques for developing neighborhood action plans
January–February 1996	On-the-job follow-up in the field
March 1996	Microproject implementation—environmental health interventions begin to provide practice and experiential learning in applying the skills acquired in the three workshops
April 1996	CIMEP video—the microprojects and process are documented in a 20-minute marketing video in both French and Arabic
June 1996	<ul style="list-style-type: none"> < Project finalization workshop—one week, to determine the lessons learned and develop a scale-up strategy < Egyptian delegation trip—stakeholders from Egyptian utilities visit pilot cities to observe and learn from the Tunisian experience; they also develop their own vision for consumer departments
July 1996	Training-of-trainers workshop—one week, to create a cadre of CIMEP specialists who can train other municipalities to use the approach
August 1996	Microprojects completed—final accounting is submitted for the projects
September 1996	CIMEP pilot project activities completed

Figure 1
CIMEP Activities Flowchart



assessment phase was a work plan that identified 1) the location(s) in which the methodology would be applied and the public sector unit that would be trained, 2) the stakeholders and actors who might participate in the policymaker roundtables; and 3) the specific training activities and the broad objectives of each two-month training/follow-up/policymaker roundtable cycle.

The assessment phase in Tunisia also included a six-week socio-environmental assessment that began with the identification of communities with the highest prevalence rates of environmental health-related diseases. Later, on-site interviews and observations were conducted in the identified communities to try to determine the causal factors linked to these diseases. Focus groups were held

with men and women in the community to find out their perceptions of the causes of environmentally related diseases and their perceptions of participation. Municipal administrators were also asked about their perceptions of participation.

Although the assessment proved to be useful and informative, it did not create support and consensus for CIMEP as it should have. Despite the fact that the two-person team that conducted the assessment was Tunisian, local- and national-level officials did not accept the results as valid. This is an example of the need to ensure a sense of ownership of the data. Because the officials did not personally participate in the assessment, they did not accept the data. The assessment was later written up as a hypothetical situation and used

during a training workshop. The lesson learned from this experience was that stakeholders must “own” the data if they are to make use of it.

3.6 Skill-Building Workshops

The purpose of the CIMEP training workshops is to assist EME participants—municipal staff and service providers, community leaders, and NGO staff—to develop the skills they need to build partnerships with communities. The skill-building training fosters participants’ openness to learning from communities. The output or result of the training is the formation of established, cross-sectoral teams capable of ensuring that community-level interventions to reduce environmental health risks are appropriate, maintained, and in place over a long enough period of time to improve public health and the well-being of residents.

In Tunisia, the training was tailored to the needs of the individual EME members. It took into consideration what they already knew, what they needed to learn, and the roles they would need to fulfill on the team. At the end of each workshop, each team developed a detailed plan of action for the following two months.

The most important training activity was the rapid community assessment, a swift “research” process that collected information through interviews, focus groups, and direct observation methods. Its orientation toward problem-solving made it an extremely effective tool for determining appropriate actions and necessary resources. In a rapid community assessment, hypotheses evolve as data are collected, allowing the process to be informed by unexpected insights. For example, workshop participants conducting one of the rapid assessments were surprised to discover how well community women understood the interaction of factors that led to environmental health problems.

The rapid community assessment approach required significant behavior change on the part of municipal managers, who were accustomed to leaving such information-gathering to “experts” and believed that no action could be taken without involving specialists. For these managers, engaging community members as partners and sitting down

with them to obtain the data was quite a departure from their usual role as “technical experts” making on-site inspections. Developing a community map with local residents is one such technique introduced in the skill-building workshops.

But by far the most significant behavior change to come out of the skill-building workshops was for these managers to form a cross-sectoral team. This meant they had to approach their tasks as a working unit rather than as sector specialists. This collaborative viewpoint matched the cross-sectoral nature of the very problems the team members were examining, and made it possible for them to come up with appropriate, comprehensive solutions.

3.7 Applying Community Problem-Solving Skills

Community mapping proved to be an especially useful participative communication technique that enabled team members to identify specific interventions. Photo 1 at the end of this chapter is an example of a community map, created in one of the pilot communities. In one neighborhood, for example, the mapping exercise and the discussion that accompanied it revealed to municipal managers that only certain households in the neighborhood lacked sanitation facilities and that others had reasons why they refused to use the sanitation facilities that were in place. Although communal latrines had been built to serve four or five families, women and children (who were not consulted before the latrines were built) did not use them because they were too far away.

The environmental health risks that were identified during these direct encounters could then be defined much more specifically than just “lack of sanitation” or “lack of proper solid waste disposal methods.” Certain individual and community behaviors were identified as environmental health risks. Then, instead of asking, “How do we bring sanitation to an entire neighborhood?” and “How do we make people use waste containers?” municipal managers began asking, “How do we address the reasons why a certain number of households refuse to use sanitation?” and “Why do residents of certain

neighborhoods dispose of organic waste indiscriminately?” (Figure 2 shows the results of one neighborhood’s analysis of its environmental health problems.)

For municipal staff, simply spending time with community members fundamentally changed the way they conducted business. The experience led them to recognize that cross-sectoral solutions were more effective and efficient than single-sector solutions. They realized that to be sustainable, planning and building infrastructure has to be done with communities; that municipal resources are insufficient to meet all of the infrastructure needs; and that as staff members, they are able to facilitate solutions through partnerships, consultations, and consensus building. (Photos 2 and 3 at the end of this chapter show community maps being prepared and used.)

3.8 Follow-Up Training

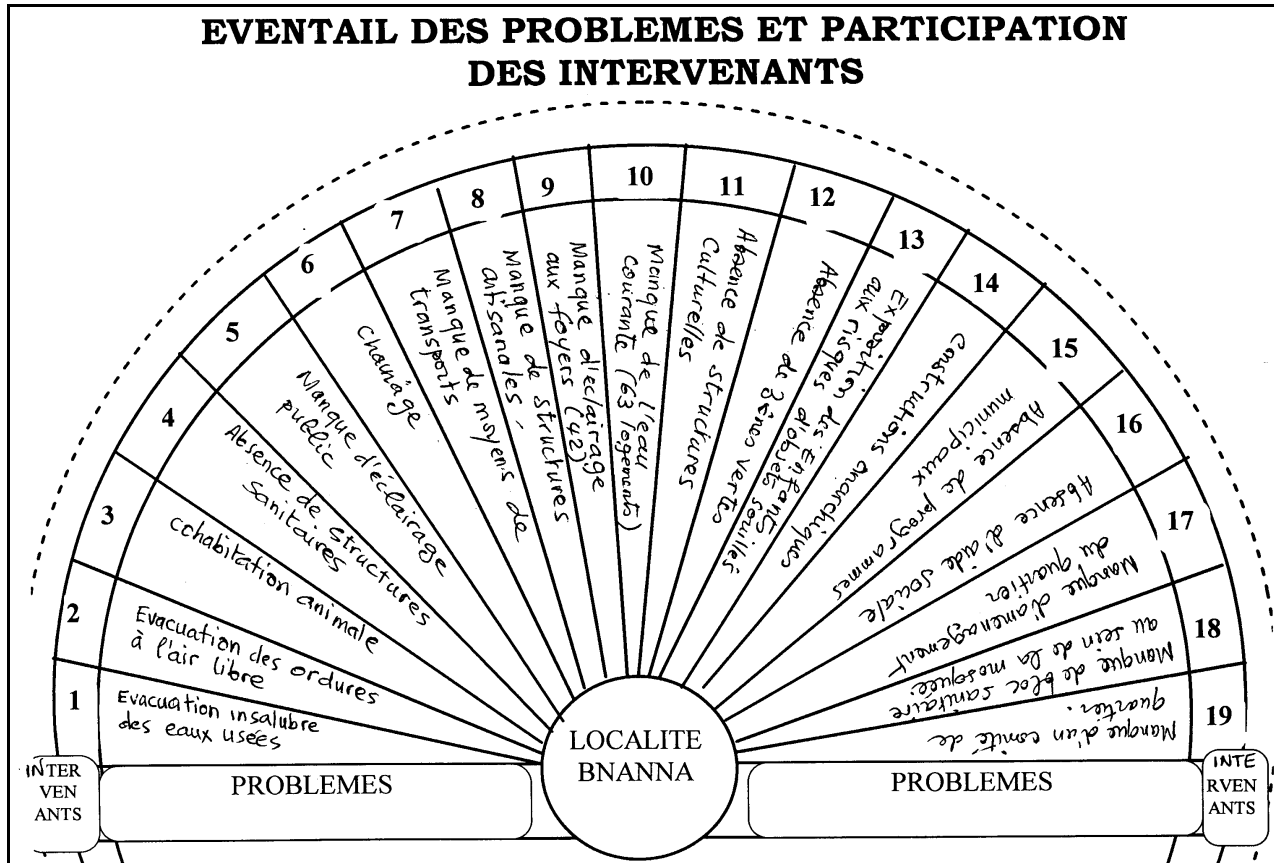
The follow-up activities laid the groundwork for the EME teams to establish a formal process of self-analysis. Follow-up visits were conducted by the CIMEP technical assistance team trainer, who, with help from the EME teams, made a list of findings and observations. The list was discussed at meetings with the

individual teams, and solutions were developed to address problems. This “learning” process was repeated periodically and has become an established component of the CIMEP project in Tunisia.

This self-analysis or dialogue cycle of findings–recommendations–problem-solving served to document progress, allowing team members to note changes in how they functioned and to model participatory consensus-building. It also revealed specific skills that individual participants needed to develop. Following are some examples of follow-up findings and solutions.

- # The EME teams needed to include a broader range of stakeholders and officials to implement the microprojects. This led to an action item to add elected municipal councillors to the teams.
- # When the entire EME team visited communities, confusion resulted because these communities, which had never been visited by any one official, were overwhelmed by the attention. This led to a decision that the EME teams would divide themselves into two- or three-member “mini-teams,” each responsible for a neighborhood.
- # Initially, the teams were unable to act without meeting, which created an overload of meetings and left little work time. The problem was resolved by drawing up a detailed calendar of activities and assigning responsibility for completing the activities to specific individuals.
- # For municipal staff who were also active in NGOs, community work was viewed as an NGO (and thus volunteer) activity rather than a municipal (and thus professional) one. Because municipal staff had to consult with communities as part of their professional work in CIMEP, they had to revise their definition of community work.

Figure 2
Community Problems
Impacting on Environmental Health



Reprinted from Fatma Guesmi's report: *Evaluation de l'Action de Mobilisation pour la Participation Sociale en Vue d'Améliorer l'Etat de Santé Environnementale*. Kasserine 1996.

LEGEND

- | | |
|---|--|
| 1. Indiscriminate disposal of dirty water | 11. Lack of cultural structures |
| 2. Indiscriminate disposal of solid waste | 12. No green spaces |
| 3. Co-habitation with animals | 13. Injuries to children |
| 4. Lack of sanitation infrastructure | 14. Unplanned construction |
| 5. Lack of public lighting | 15. Lack of municipal programs |
| 6. Unemployment | 16. No social help |
| 7. Lack of transportation | 17. No community planning |
| 8. No structures for local artisans | 18. No sanitation facilities in the mosque |
| 9. No lighting on houses (42) | 19. No neighborhood committees |
| 10. No running water in houses (63) | |

3.9 Policymaker Roundtables

The support of policymakers at all levels was critical to CIMEP's success. The CIMEP roundtable meetings helped to build the support needed to sustain the project and to enlarge the circle of stakeholders. These day-long meetings included staff and administrators of the Ministries of Health, Environment, Housing, and Interior; the mayors and city managers of Sousse and Kasserine; and the EME team leaders. The members named the group, the *Comité d'Orientation du Projet* (COP). One of the most important functions of the roundtable meetings was to inform the representatives from the various ministries about the community-level actions being taken by municipal participants on the EME teams. The meetings also provided an opportunity to address constraints to project progress. For example, EME members were given permission to meet with community members at times other than standard business hours; municipal councillors were added to the EME teams because more official support was needed for CIMEP; and official government invitations were sent to representatives of NGOs and the *Comités du Quartier* so that they could attend the skill-building workshops during their regular work hours.

The most striking aspect of the roundtables, however, was the way they showed the extent of stakeholder behavior changes. Initially, the Tunisian government had viewed the 18-month CIMEP process with a good deal of skepticism. The Ministry of Interior, CIMEP's partner institution, had accepted the project as the community component of USAID's Local Government initiative because of the resources that CIMEP's microprojects would inject into peri-urban communities.

The MOI directly oversees various municipality staffs and indirectly oversees NGOs and *Comités du Quartier*, which report to the Regional Directorate of Local Authorities. The ministry is also responsible for the newly created National Institute for Municipal Management (*Centre de Formation du Gestion Municipale*), which is funded and staffed separately from the

ministry. As a result, MOI faces significant challenges in overseeing these disparate offices and institutions.

Halfway into the project, high-level MOI policymakers decided the COP roundtable meetings facilitated contact and communication between the ministry and representatives of its various auxiliary organizations. After the project's first year, during which several COP roundtables were held, the MOI representative took on the task of hosting the meetings. He issued the invitations and, in consultation with the CIMEP technical assistance team, developed the agenda.

By the end of the project, the roundtable meetings had shifted their focus from MOI to the municipal and regional government structures. At the urging of the NGOs and the *Comités du Quartier*, it was decided that to keep the approach flexible and closer to the community, the roundtables should focus on the regional government, rather than MOI, as the vehicle for institutionalizing the CIMEP approach.

3.10 Developing and Implementing Microprojects

Municipal technicians met with community representatives to discuss the causes of various environmental health problems and possible interventions to alleviate them. Together they decided which of the possible interventions would become microprojects. The criteria for the microprojects and the arrangements for administering them were developed in the COP meetings and in EME discussions. Each microproject had to meet three criteria: 1) it had to address the environmental health needs of women as well as men in the community; 2) it had to receive technical approval from appropriate municipal staff; and 3) it had to

Rural Behaviors in Urban Settings

Helping local officials understand people's behaviors in relation to housing and sanitation was a result of the socio-environmental assessment. For example, although Kasserine and Sousse are urban or peri-urban areas, the inhabitants of the communities have retained many characteristics of their former rural life as herders. In a community in Sousse, for instance, one tribal group breeds camels for use by tourists. For them, livestock is not only their means of livelihood, it is a cultural link among the tribal group members who have settled in the area. Not surprisingly, in some of these communities, health problems have resulted from families and animals sharing cramped one- and two-room dwellings. If local officials had reacted by trying to take the animals away, they would most likely have been met with strong opposition.

The assessment also revealed that local officials related to the communities by issuing directives. In response, the communities saw

their relationship to authorities as passive, only allowing them to make requests for aid. An illustration of this can be seen with a "garbage bin" problem that also has its roots in the transfer of rural behaviors to an urban setting. For local officials the obvious solution was to place garbage bins throughout the neighborhoods. They tried different types and sizes, and placed them in various locations; however, they proved ineffective. As the bins remained largely unused, frustrated officials asked themselves "why?"

From the field assessment interviews, it became clear that women did not use the garbage bins because, in accordance with their herder tradition, the organic waste is thrown out to the camels and sheep to feed them. Instead of lecturing these people about how to use the garbage bins, local officials are now exploring ways people can corral animals to reduce the garbage problem and accompanying health hazards.

cost less than \$5,000. This last criterion was established to ensure sustainability. At the start of the project, it was determined that the funding levels for the interventions had to be kept low so that communities would be able to repay the money into a revolving fund. NGOs administer the funds for each microproject, earning a small fee for doing so. Each pilot city received \$25,000.

A contract was drawn up for each microproject to formalize the agreement among community representatives, technicians on the EME team, city managers, and the NGO (which was chosen by community representatives and the municipality). The contract specified the community's contributions and responsibilities; the municipality's material contributions and extent of technical oversight; the city manager's level of effort; and the NGO's financial management role.

The contracts were shaped by the problem or problems addressed by the microproject. For example, children in a peri-urban neighborhood had been playing in a solid waste dump because they lacked a safe recreation area. The local clinic

reported that an average of 50 children a month were injured while playing at this dump. Community members were able to leverage their microproject funds with an NGO that promoted the development of athletic skills among youth. The area was cleaned up and turned into a playground, averting 50 child injuries per month. (The accompanying text box provides other examples of how problems were analyzed and solutions devised to fit the local context.)

Other microprojects included rehabilitating houses, paving streets, widening wastewater pipes, building a bridge over a frequently flooded ravine so that children could get to school, and providing color-coded waste bins for separating organic and nonorganic waste. (See Photos 4–5 at the end of this chapter.)

The microprojects were interventions that the municipalities had wanted to carry out but could not because of budgetary constraints. While implementing the microprojects, municipality staff found that using the CIMEP participatory approach, there was a cost saving of 20 to 40%

compared to contracting out this work or doing it themselves. The lower cost can be attributed to the following: 1) less supervision was needed—the projects were carried out by community members; 2) long delays (sometimes up to three years) were eliminated, since peri-urban communities did not have to wait their “turn” until the municipality could get to them—hence a savings on inflated costs; 3) cheaper, more appropriate technologies were used by communities than what the municipality would have proposed; and 4) smaller-scale, less expensive community-based contractors were hired directly by communities. Thus, besides providing needed municipal improvements, the microprojects presented low-cost options not previously considered by municipal staff.

3.11 A Regional Resource

Tunisia was chosen for the CIMEP pilot project with the hope that it could serve as a regional learning lab for participative municipal management approaches. While CIMEP was underway in Tunisia, USAID’s Secondary Cities Project in Egypt began a program to develop municipal water and wastewater utilities. Because an important component of the Egypt program is to assist the utilities in establishing and maintaining mutually beneficial relationships with customers, the USAID mission in Egypt funded a trip to Tunisia for key stakeholders in the utility strengthening program so that they could learn about the CIMEP process. The visit provided an opportunity for in-depth dialogue and a rich exchange of experiences between the Tunisians and the Egyptians. (After the members of the Egyptian delegation viewed the CIMEP microprojects and talked to all the stakeholders, they spent three days in Tunis defining the role of the consumer department in their utilities while the Tunisians were conducting their CIMEP finalization workshop.)

At the week-long finalization workshop in Tunis, government officials and other major stakeholders, representatives of the two EME teams, and the CIMEP technical assistance team drew up a summary of lessons learned. They also

developed plans for scaling up from the pilot cities to the rest of the country.

3.12 Scale-Up

The reasons for scaling up CIMEP in Tunisia can be found in the numbers. As mentioned above, the cost of extending services to peri-urban neighborhoods in Sousse using the CIMEP methodology was estimated to be 20 to 40% less than it would have been had the municipal staff done the work or hired contractors to do it. (See report, “EME Groupe Ksibet-Echott I & II Sousse, Projet GESCOME Rapport d’Activités.”) In Kasserine, the mayor noted that the cost to the municipality alone to improve 20 houses, including building latrines, chimneys, and animal pens, was 5,000 Dinars. For the same amount, the municipality was able to improve 40 houses using the CIMEP participative approach. The scale-up strategy was developed in a workshop attended by all of the CIMEP stakeholders. They decided it was critically important to keep the process at the municipal level, away from rigid structures, because they believed that local resources could be mobilized much more easily if the process remained closer to the communities.

The first level of scale up is from the pilot neighborhoods to the entire municipality. To accomplish this, the EME teams plan to develop a series of “CIMEP neighborhoods” throughout the pilot municipalities, expanding through the *Comités du Quartier*. For the second level, scaling up to other municipalities in the region, the governorate will coordinate the transfer of training from the two pilot cities. At the same time, CIMEP will be expanded to other governorates, through meetings and communication between mayors and city managers. This is the third and final level of scale-up.

An important aspect of the scale-up component was to provide a training-of-

trainers workshop in July to establish a cadre of CIMEP trainers as marketable professionals This group will be able to assist other municipalities in implementing the methodology.

Unfortunately, the USAID CIMEP project in Tunisia provided resources for only the two pilot cities. Implementation of the scale-up strategy will have to be financed through other donors and agencies.

Photo 1 : Exemple d'une carte communautaire (localité RTIBAT)

Réimprimée à partir du rapport de Fatma Guesmi : *Evaluation de l'action de mobilisation pour la participation sociale en vue d'améliorer l'état de santé environnementale*. Kasserine 1996.

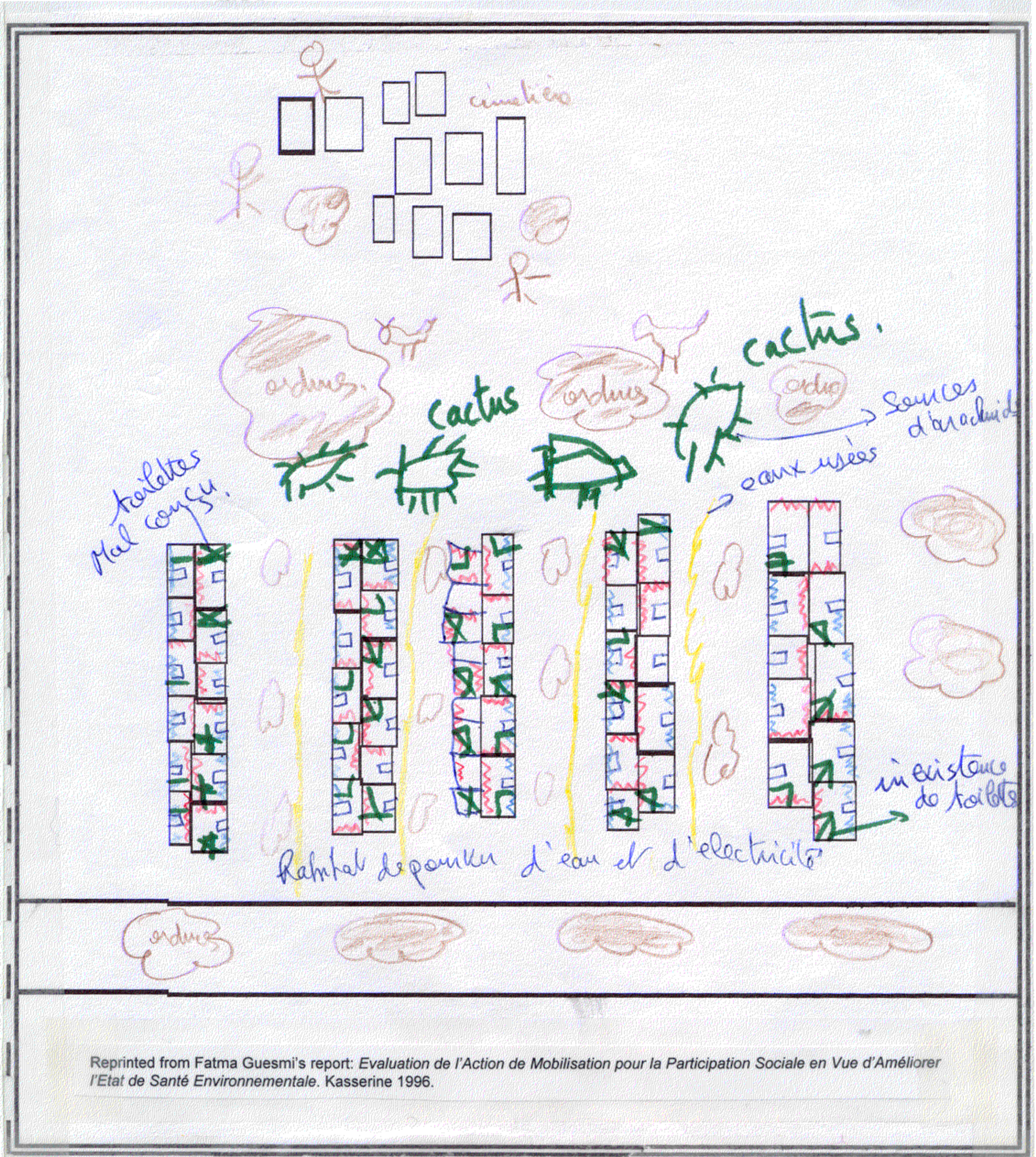




Photo 2 : Exercice de cartographie communautaire expliquée aux femmes (Nadia Becharaoui)
Women being led through a community mapping exercise



Photo 3 : Membres de l'équipe EME de Kasserine utilisant des cartes pour analyser les problèmes de santé environnementale avec les personnes de la communauté (Scott Dobberstein)
Kasserine EME team members using maps to analyze environmental health problems with people in the community

Photos 4 et 5 : Avant et après un microprojet de revêtement d'une rue à Sousse. (Equipe EME à Sousse)

Before and after pictures of a community street-paving microproject in Sousse.



4 RESULTS

4.1 Environmental Health Indicators

Using environmental health indicators was an integral part of the overall CIMEP approach. The two principal techniques employed—community maps and causality trees—became tools that community members could use to measure behavior change in their neighborhoods.

The community maps, which were developed by residents and municipal staff, pinpointed existing environmental health problems and helped to create a vision of the community's future. The women in the communities always referred to the maps as “our maps” and clearly expressed ownership of their contents. The map exercise revealed that the environmental health problems identified by women were different from those identified by men. It also revealed that men's high-priority concerns did not include environmental health conditions.

As a monitoring tool, the maps provided a baseline for critical neighborhood environmental health problems. The communities have continued to use this baseline to measure such conditions as the number of households that use garbage containers, practice recycling, or have access to latrines.

Causality trees helped to identify the multiple environmental health conditions that a microproject could address. For example, one microproject, building community corrals for livestock, solved several environmental health problems: it prevented livestock from tampering with kitchen water containers (which had contaminated the household's water) and kept them from drinking out of sewers (which had contaminated their meat); it also reduced the waste that had been strewn in alleyways as livestock feed.

Changing these behaviors related to livestock lowers the risk of certain diseases related to

cohabitation with animals. (See Figure 3 on links between behavior and diseases.) By using causality trees for analysis, communities were able to identify the behaviors, linkages, and interrelationships that contributed to unhealthy living conditions and to devise ways to change these conditions.

Table 2 summarizes information on the results of behavior change in four principal areas: housing conditions, household drinking water, household waste disposal, and wastewater disposal. Three of these areas were first identified with the community maps.

- # *Behavior Linked to Housing.* As shown in the table, house improvement interventions, or microprojects, impacted on 692 families. These interventions included cementing dirt floors, building chimneys to reduce inhalation of kerosene smoke, and constructing wastewater drainage ditches to prevent bad odors and eliminate breeding grounds for mosquitos.
- # *Behavior Linked to Drinking Water.* Household water containers were vulnerable to contamination, even though the water they were filled with was clean. Contamination was caused by animals or children either handling the containers or drinking directly from them. People also brought water from untreated sources into their homes. To resolve this problem, the community and municipality

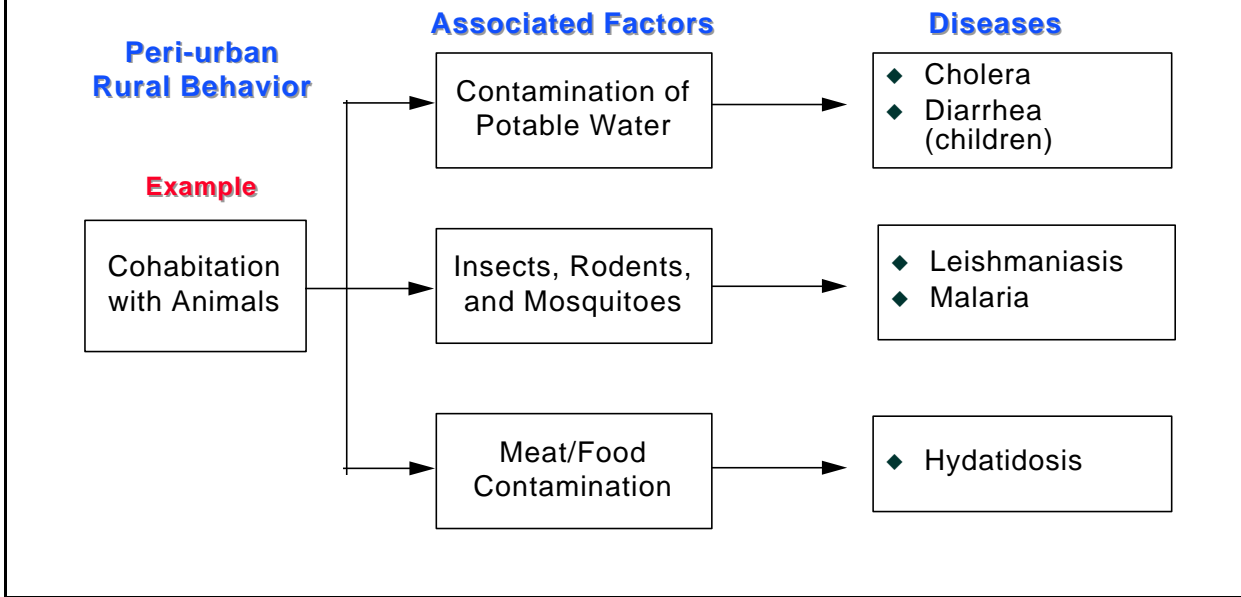
Table 2
RESULTS OF COMMUNITY MICROPROJECT ACTIVITIES

Behavior to Change	Population Mobilized	Community Intervention	Result
Behavior Linked to Housing			
Houses constructed haphazardly	692 families	# Cementing floors of houses # Building chimneys in kitchens # Building ditches for draining standing water	# Community members aware that housing conditions benefit well-being # Houses comply with health codes
Animals live in houses with families		# Constructing animal corrals	# Community members aware that allowing animals to live in houses leads to human illness # Animals no longer living in houses with families
Behavior Linked to Drinking Water			
# Unsafe water storage techniques in houses # Households store untreated water	90 families	# Providing potable running water to 90 families # Constructing animal corrals	# Household water supplies now stored safely # Animals no longer contaminate household water supply
Behavior Linked to the Disposal of Household Garbage			
Solid waste disposed close to houses	692 families	# Buying garbage containers # Buying maintenance materials # Constructing four waste depots # Organizing a garbage cleanup campaign: 1000 tons of solid waste collected	# A large number of community members participate in garbage clean-up interventions # Waste disposal is centralized following the elimination of 25 intermediate depots # Cleaner neighborhoods # Population sensitized to garbage conditions # Rats and mosquitoes reduced
Behavior Linked to Wastewater Disposal			
Residents throw solids waste with excrement into wastewater canals	52 families 150 students 9 teachers	# Constructing toilets for 52 families # Constructing an outhouse for one elementary school # Widening canals containing surplus water	# Residents understand that lack of toilets leads to illness # Residents practice hygienic use of toilets # No visible signs of human fecal matter in wastewater canals

Reprinted from Fatma Guesmi's report: *Evaluation de l'Action de Mobilisation pour la Participation Sociale en Vue d'Améliorer l'Etat de Santé Environnementale*. Kasserine 1996.

Figure 3

Environmental Health and Diseases in Peri-urban Neighborhoods



supplemented water authority funds to extend piped water to 90 houses that needed it. People also used safer household water storage practices such as keeping animals away from water containers.

Behavior Linked to Disposal of Household Garbage. Unsafe disposal of household garbage was an important issue and prompted many interventions, which benefited 692 families. Communities bought the most suitable containers—for example, ones that were not too high for children to use. They bought paints to color code the containers for organic or nonorganic wastes. They built central waste depots to facilitate garbage collection at the neighborhood level. In addition, the EME teams developed campaigns to sensitize, educate, and mobilize community members about the garbage problem. As a result of this initiative 1,000 tons of waste was collected (compared to nothing

before), with a visible reduction of rats and mosquitos.

Behavior Linked to Wastewater Disposal. Several interventions to improve human waste disposal were implemented. Fifty-two families without latrines built them; a school constructed an outhouse; and communities widened wastewater drainage canals. These interventions reduced indiscriminate disposal of fecal matter in the communities.

Unfortunately, at project completion it was too early to track any changes in disease prevalence resulting from these interventions. However, behavior change brought about by the interventions did have an immediate and visible impact on the environmental conditions in these peri-urban communities. One CIMEP technical assistance team member, the public

health hygienist who is also a municipal councillor in Kasserine, wrote a detailed report on environmental health behavioral changes that occurred through CIMEP (see “Evaluation de l’Action de Mobilisation pour la Participation Sociale en Vue d’Améliorer l’Etat de Santé Environnementale,” available through EHP). Her report describes the microprojects and the environmental health risks they reduced or eliminated.

During the CIMEP effort, data on environmental health were collected from clinics and in communities using observable behavior. At clinics in Kasserine, conversations with health providers, along with interviews and consultations with community people using the clinics, indicated that the project had had an effect on environmental health status (similar indicators were identified in Sousse).

The following before and after lists summarize the effect on environmental health that CIMEP appeared to have, according to the evaluation mentioned above.

Situation before the CIMEP Interventions

1. The population was not interested in health education.
2. Cases of infant diarrhea, skin lesions, hepatitis, scabies, ringworm, and conjunctivitis were present.
3. The above diseases were often treated at home by traditional practices and not reported; therefore, no public health data were available on them.
4. Community clinic workers did not relate the diseases to environmental health conditions.

Situation after the CIMEP Interventions

1. The population has begun to understand that environmental health conditions impact physical and mental health.
2. Following education seminars, visits to clinics increased, particularly for national programs such as vaccinations, diarrhea treatment, maternal health, and well-baby care.

3. Cases of diarrhea are being treated by rehydration in clinics instead of at home by traditional methods. Clinics also report that children are being treated for diarrhea earlier, before severe dehydration has set in.

4.2 Institutional Behavior Changes

The purpose of CIMEP goes beyond extending services and providing immediate, locally defined solutions to environmental pollution. Equally important is the means or the process used to reach these solutions. It is the process, ultimately, not the end results, that improves governance and democracy.

Table 3 outlines the institutional changes in the municipalities that resulted from their experience with the CIMEP process. Indicators of these changes cluster around the following topics.

- # Definitions of community needs.
- # Use of resources within the community to improve community conditions.
- # Role of participation in municipal operations.
- # Management of communal funds needed for “public goods.”
- # New roles and responsibilities of municipal actors.

As shown in the table, prior to CIMEP, representatives of the political party (Rassemblement Constitutionnel Démocratique—RCD) and the NGOs did not ask communities what they needed; they told them. After the CIMEP experience, however, communities had created representative committees and had developed the skills to identify and prioritize environmental health problems and possible interventions. The representative committees learned participative techniques that are used with both men and women in the community.

Table 3
INSTITUTIONAL CHANGES IN SOUSSE AND KASSERINE DURING CIMEP

Indicators of Municipal Behavior Change	Prior to CIMEP	Impact After CIMEP
Community needs	# Communities are told what they need by representatives of the political party (RCD) & NGOs	# Communities have formed representative committees and have the skills to identify and prioritize problems without help of municipal staff # Communities use participative methods and have a major role in all planning stages
Narrow view of community and its members' abilities	# Communities are seen as either rich (with resources) or poor (without resources)	# Residents of poor neighborhoods are seen as having ideas, skills, and capabilities to offer their communities and municipalities # Cooperation exists between rich and poor
Community participation in project organization and implementation	# Communities suggest projects but implementation is in the hands of the RCD and municipal authorities	# Communities hold daily meetings to review implementation steps # Projects are quickly and efficiently implemented # Communities have ownership of their projects
Limited community financial management	# Community members are told how much to contribute; money is collected under the authority of the RCD. (RCD had difficulty collecting the community portion of project costs.)	# Communities prepare project budgets and keep the books # In some instances, where the community portion of costs is normally 10% of costs, community members are contributing more than is required for the local microprojects—20% instead of 10%
Linkages with other municipal actors	# NGOs have no defined role # Top-level municipal staff and government officials have little contact with or understanding of peri-urban communities	# NGOs fulfill a specific role # Government officials and executive municipal staff have an awareness of peri-urban problems and maintain an interest in community environmental health improvements

Adapted from Sousse EME Team report by Rached Garouia, Mohamed Gmira, Lotfi Harzallah, and Mounir Mrag: Equipe Municipale Elargie Groupe Ksibet-Echott I & II Sousse, Projet GESCOME Rapport d'Activités. 1996.

Before CIMEP, EME municipal team members categorized communities in two groups: rich (with resources) or poor (without resources). After CIMEP, the EME teams saw that the poor people in the neighborhoods did have resources and capabilities to offer. Besides having good ideas, community members (both men and women) had skills in areas (such as construction) that the municipality needed. Furthermore, municipal officials came to recognize that the rich and the poor shared their environment; hence the rich could help to finance local interventions to prevent pollution.

Prior to CIMEP, “participation” was not actually practiced but was just political rhetoric. Communities could suggest projects, but implementation was carried out by the RCD and the municipality—often with forced “participation” by community members. In contrast, following CIMEP, communities were intimately involved in the implementation of projects, holding daily meetings to review the schedule and monitor progress. Consequently, projects were completed quickly and efficiently without coercion by the RCD.

Before CIMEP, participation just meant a financial contribution to a community project. The RCD told communities how much they had to contribute and chased after them to pay up. After CIMEP, communities did much more than contribute money—they prepared project budgets and kept the books. In addition

to their labor, community members also were willing to contribute more than the 10% portion of costs normally required for microprojects.

Finally, the roles and responsibilities of municipalities, NGO, and communities were clarified and their links to one another strengthened. Prior to CIMEP, the NGOs role was limited to charitable activities. Now NGOs have a more clearly defined role: they help communities to manage and implement projects, with technical oversight provided by the municipalities. Municipalities now see that they are more than just service providers. Before CIMEP, if municipalities were not able to provide needed services, they felt they had no role and simply cut off their relations with peri-urban neighborhoods. Municipal staff have now developed relationships with peri-urban communities and are maintaining an on-going dialogue with them about how to address their environmental health issues.

Due to the CIMEP process, behavior changes related to environmental health conditions have occurred in both communities and institutions. Municipal officials also now have the tools to promote further change and monitor the gains made.

An article in Tunisia’s leading daily, *La Presse* (June 13, 1996), a translation of which appears in the box on page 27, describes the enthusiastic response CIMEP has met with as a municipal management tool.

Municipal Management

The Participatory Method as a Development Tool

It is a well-known fact that not all Tunisian cities are exactly rolling in money. So many projects designed to improve the environmental conditions for city dwellers never materialize due to a shortage of funding. And this runs a high risk of creating a certain measure of discontent among private citizens with their elected local leaders. Thus, it is a question of restoring the public's confidence by taking a

participatory approach to local governance engaging all parties involved in the conduct of local affairs, namely elected local leaders, as well with private citizens, associations and NGOs. This is precisely the philosophy behind the CIMEP-Tunisia project, which has radically changed working methods in two pilot cities in Tunisia, namely the cities of Sousse and Kasserine.

Faith can move mountains. This same principle also seems to apply to the CIMEP-Tunisia project launched by USAID (the United States Agency for International Development) in cooperation with the Tunisian Ministry of the Interior.

What exactly is it all about? Its basic premise is simple. In effect, local governance is being hampered by a growing rift between private citizens and their elected local leaders. And it is wrong to assume that this phenomenon is limited strictly to Tunisia. On the contrary, it is found in all societies, even in industrialized countries. For the CIMEP-Tunisia project team, the first and foremost task is to break down this so-called "wall" as much as possible. One way to accomplish this is to get private citizens involved in the governance of their local community.

The project was started up in the cities of Sousse and Kasserine a year and a half ago, with the direct involvement of representatives of both city governments, local NGOs, and neighborhood committees. All potential players in the local governance process attended community training sessions with the focus on drawing up participatory plans responsive to the needs expressed by local communities, replacing so-called "top-down" planning by elected local leaders.

Specific projects

Obviously, this new approach to local governance has no real chance of happening unless the city manager is given some sort of motivation, for it is useless to master new governance techniques if the leadership team has no way of putting them into practice. Hence the paramount importance of getting the city manager involved.

Additionally, the CIMEP-Tunisia program is based on concrete projects. Each city government was given a grant of 25,000 Tunisian dinars for pollution control projects. These funds are unique in that they are administered by an extended local governance team consisting of elected local leaders, neighborhood committees, NGOs, etc. Mr. Ahmed Jebari, mayor of the city of Kasserine, explains to us in the accompanying article how, by getting private citizens

involved in the governance of their community, these funds produced a multiplier effect.

The CIMEP-Tunisia project is currently operating in Tunisia. A project wrap-up and evaluation workshop was conducted in Tunis June 4-8. The first item of business for the project's stakeholders was to assess its performance. Secondly, and perhaps most importantly, they got down to the business of putting together a handbook for other local governments interested in establishing a system of governance based on a participatory approach. Upon completion of this pilot project, financed and supervised by USAID, the two cities of Sousse and Kasserine should continue to implement their new governance methods on their own, after the project ends.

Recently, a delegation of high-ranking Egyptian leaders visited the CIMEP project in Kasserine and Sousse and attended the project finalization workshop to discuss how the project could be replicated in Egypt.

The project is based on an innovative method which is still in a rather embryonic stage, even in the industrialized countries. Canada has done the most in developing this sort of participatory method, especially for the environment.

In any event, expanding CIMEP to other Tunisian cities will require official government backing. It is an innovative program that not only promotes a radically different mentality but, at the same time, creates transparent administration of local government affairs.

—Chawki CHAHED

Meeting with the Mayor of Kasserine

"A New Method of Local Governance"

Q: *How was your city chosen to take part in the CIMEP project?*

A: *There's no mystery here. Kasserine was selected by the Ministry of the Interior for two main reasons: first, because of the many problems it needs to solve and, secondly, because of the dynamic team of local leaders. Well before the CIMEP project, we were already looking to get private citizens more involved.*

Q: *Exactly why do you consider community participation so important?*

A: *I am speaking to you here from experience. Spending more means nothing without community participation. The more you get the general public involved in the governance of their community, the more you can move the city forward, depending on the group involved. If you know the people are with you, you can feel confident that, even if you're not there, your work will go on*

Q: *What sort of results have you achieved?*

A: *The results we are achieving are tied directly to our working methods. Let's take the example of a neighborhood with clearly defined boundaries. We hold community meetings where we allow the public to sound out their problems (problems involving the environment, latrines, trash cans, wastes, etc.) Most of all, we keep the community informed on the budget. The public is made aware of the means at our disposal and we encourage them to see the project as their own rather than as the city's project. For example, in carrying out a beautification program or a program for the elimination of haphazard dump sites, the city government furnished local residents with necessary raw materials. They, in turn, provided the necessary labor. Thus, with this participatory method, the same 5,000 dinars which would have financed the cost of servicing some 20 or so dwellings allowed us to service as many as 40 homes! You realize that it is growing resentment or discontent which kills a city. A private citizen will not always understand the reasons why the city repaired his neighbor's street, for example, and not his. By getting him involved in the governance process, we give him hope that his turn will soon come. As far as I am concerned, the results we've achieved are so encouraging that I feel that this experience should be replicated on a larger scale.*

From an interview by C.C.

5

LESSONS LEARNED

A broad array of substantive lessons emerged from the 18-month CIMEP project in Tunisia. The most significant of these are summarized below.

- # Because environmental health conditions in peri-urban communities have so deteriorated, the process for addressing residents' problems must be immediate, clear focused, and sustained. The interventions must provide concrete results in a short time frame. During CIMEP it became clear that the "process" and "product" must be joined together in a symbiotic relationship rather than a competing one. The process cannot be sacrificed in pursuit of the product or vice versa. This was the most important aspect of CIMEP. The end result was a relationship of mutual trust and respect, where municipal officials provided the consultative process while the communities implemented much needed microprojects.
- # Municipal-strengthening approaches can be varied for peri-urban communities where wealthier and poorer neighborhoods exist side by side. These approaches should include both participation (in poorer neighborhoods, in planning and prioritization of activities) and privatization (where possible in wealthier neighborhoods, in use of private sector firms and services). While the wealthier neighborhoods have the money to contract with the private sector for services, the poorer neighborhoods do not. By facilitating participation and community action, municipalities can help provide needed services to these poorer communities.
- # Differing concepts of participation can hinder the use of participative techniques. It is important that public sector actors and community members have a common understanding of what participation is. In Tunisia, participation meant that government officials allowed community members to choose which neighborhood improvement projects to implement, based on a range of causal factors the residents themselves determined.
- # Municipalities can realize significant cost savings by using participative techniques. Municipal staff in Sousse noted savings of 20 to 40% by applying participative techniques instead of doing the work themselves or using a private sector contractor.
- # Not all participative techniques work in every community. Many participative techniques are geared for rural farming communities and do not work well in peri-urban settings. In Tunisia, through CIMEP, municipal technical staff learned how to use appropriate participative techniques, such as causality trees and community maps, which suited the setting.
- # Behavior indicators can be very effective tools for communities to use to monitor their own progress in alleviating adverse environmental health conditions. Both the community maps and the causality trees provided behavior- and action-oriented indicators for communities to measure their progress and feel a sense of accomplishment.
- # Governments are not always comfortable about acknowledging or publicizing data on environmental health. This is especially true in countries such as Tunisia, where tourism provides substantial economic revenue. Although the CIMEP community environmental health risk assessment was done by a team of Tunisian consultants, high-level decision makers did not accept the results, nor would they agree to undertake actions to address the issues. Two lessons can be drawn from this experience. First, those decision makers might have been more willing to accept results from a group of outside consultants. Second, although the results might

not be perfect in terms of data collection, key decision makers should be provided training so that they can identify adverse environmental health conditions themselves and have a sense of ownership of the data. These two approaches can be used together.

- # Donors—especially those involved in municipal and urban strengthening— frequently have certain set ideas on how roles and responsibilities should best be arranged to address peri-urban problems. The CIMEP project had its own approach as to how these roles should be structured. However, the most sustainable solution for Tunisia was to provide the context and setting (e.g., the COP meetings) where these issues could be identified and where the stakeholders could define the arrangements that worked best for them.
- # In Tunisia, there was concern that if central ministries took on the direction of future CIMEP activities, it would not be possible to keep the flexible, people-to-people approach. Consequently, the process will be institutionalized first through regional bodies, and later will include central government structures.
- # Local consultants played a key role in establishing and brokering relationships among the various leaders. They also helped facilitate communication among the various parties during policymaker meetings. EHP technical staff managing CIMEP provided the necessary guidance to the local consultants so they could effectively direct the process.
- # More time and resources should be devoted to the follow-up component than to the skill-building workshops. Initially, CIMEP invested the bulk of its resources in the workshops. Midway into the project, however, it became apparent that the component with the most impact for behavior change of EME members was the follow-up training (discussed in Section 3.8). The skill-building workshops were helpful for orientation and team formation, whereas the follow-up training reinforced new communication skills and problem-solving techniques after EME members had begun having meetings within the neighborhoods.

- # Formal political structures should not be ignored in efforts to help municipal governments adopt more participative practices. The CIMEP team had to work with the *Comités du Quartier*, which were controlled by the political party in power and could have resisted the participative process. In fact, representatives of the *Comités du Quartier* quickly realized the strengths of the CIMEP approach and became strong advocates of the project. After the neighborhood meetings and other local activities of the program, they no longer had to “chase” after people to collect dues for neighborhood improvements. The collection process became more representative and thus more sustainable.
- # Microprojects were crucial to the success of the project. Although not originally part of the CIMEP methodology, microprojects were included in the Tunisia work plan and soon became an important part of the process. The microprojects provided the opportunity to use the CIMEP methodology to achieve tangible improvements in environmental health conditions.

Annex

Additional Resources Available through EHP

CIMEP/Tunisia In-Country Documents

- Bechraoui, Nadia, Graeme Frelick, Habib Khanfir, and Jean-Michel Lebreton. July 15-19, 1996. *Atelier de Formation de Formateurs Rapport*, Tunis. (11 pages)
- Bechraoui, Nadia, Graeme Frelick, Habib Khanfir, and Jean-Michel Lebreton. 1996. *Recueil de Séances Types de Formation en Gestion Communale Participative*. Tunis. (44 pages)
- Bechraoui, Nadia, Habib Khanfir, and Jean-Michel Lebreton. 1996. *La Gestion Communale Participative: Guide de Procédure*. Tunis. (86 pages)
- Boukraa, Ridha, and Nadia Bechraoui. 1995. *Community Risk Assessment in Tunisia*. Activity Report No. 8. Arlington, VA.: EHP (also in French). (42 pages)
- El Amoui, Tahar. 1995. *Atelier I: Approche Participative dans la Gestion Communautaire des Quartiers Periurbans, Guide de l'Animateur*. Tunis. (47 pages)
- Garouia, Rached, Mounir Mrag, Lotfi Harzallah, and Mohamed Gmira. 1996. *Equipe Municipale Elargie Groupe Ksibet-Echott I & II Sousse, Projet GESCOME Rapport d'Activités*. Sousse. (20 pages)
- Guesmi, Fatma. 1996. *Evaluation de l'Action de Mobilisation pour la Participation Sociale en Vue d'Améliorer l'Etat de Santé Environnementale*. Kasserine. (37 pages)
- Training Resources Group. 1996. *Atelier Formation de Formateurs, July 15-19, Documents Pédagogiques de Référence*. Tunis. (38 pages)
- Yacoob, May, Nadia Bechraoui, Habib Khanfir, and Jean-Michel Lebreton. 1996. *Synthèse de l'Atelier Bilan et Stratégie de Diffusion du Projet*. Tunis. (21 pages)
- 1995. *Atelier II: Techniques Participatives d'Analyse des Problèmes de Santé Environnementale, Guide de l'Animateur*. Tunis. (82 pages)
- 1995. *Projet Gestion Communautaire de l'Environnement, Réunion de Planification en Equipe, 14-16 février*. Tunis. (23 pages)
- 1996. *Atelier III: Techniques Participatives de Planification à la Base, Guide de l'Animateur*. Tunis. (42 pages)
- 1996. *Formation de Formateurs: Journal de Bord*. Tunis. (12 pages)

Other Documents

- Bendahmane, Diane. 1995. *Description of the CIMEP Methodology as Applied in Tunisia*. Arlington, VA.: EHP. (5 pages)
- Yacoob, May. 1996. *Creating Sustainable Environmental Health Conditions by Redefining Municipal Roles and Responsibilities: Experience from Tunisia*. Arlington, VA.: EHP. (9 pages)
- Yacoob, May. 1995. *Intersectoral Municipal Institutions: Towards an Effective Social Policy for the Peri-Urban Poor*. Arlington, VA: EHP. (10 pages)
- Yacoob, May. October 18, 1995. "Changes in CIMEP." EHP Memorandum. (8 pages)
- Yacoob, May. March 29, 1996. "CIMEP-GESCOME/Tunisia Indicators." EHP Memorandum. (5 pages)
- Yacoob, May. 1995. *Workplan for Community Involvement in Management of Environmental Pollution in Tunisia*. Arlington, VA: EHP. (9 pages)
- Yacoob, May, Eugene Brantly, and Linda Whiteford. 1994. *Public Participation in Urban Environmental Management*. Arlington, VA: WASH Technical Report No. 90. (69 pages)