Building

Community

Partnerships

for Change

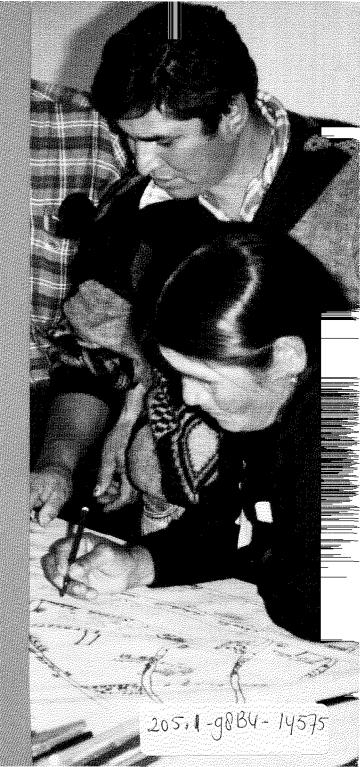
Library

IBC International Water
and Sanitation Centre

Tel: +31 70 30 689 80 Fax: +31 70 35 899 64

The CIMEP Approach

CIMEP—Community Involvement in the Management of Environmental Pollution—is an innovative approach to participation developed and applied by USAID's Environmental Health Project (EHP).





What is CIMEP?

CIMEP is a rigorous, effective community participation process, developed by USAID's Environmental Health Project (EHP). Its purpose is to change the way local governments and communities solve problems and build dynamic partner-

Collaborative relationships depend on trust that is earned, not given.

ships between key local actors—service providers, government and NGO staff, and community leaders—and the communities and neighborhoods they serve or lead.

CIMEP's unique contribution to community participation is the

PO Box 93190, 2509 AD THE Tel.: +31 70 30 689 80 Fax: +31 70 35 899 64 BARCODE: 14 575

dramatic shift it brings about in how local officials and others work with citizens. CIMEP training instills new behaviors of cooperation and collaboration and good listening and problem-solving skills. Working more effectively together, the public sector, communities, and NGOs can tackle problems as varied as the causes of illness and disease, lack of citizen participation, or poor school attendance.

Why is it called CIMEP?

Community Involvement in the Management of Environmental Pollution (CIMEP) was the name EHP gave to a project in Tunisia to solve environmental health problems in poor urban neighborhoods. The acronym for the project has become the name EHP uses for the process itself. (Local programs often make up their own acronyms.) CIMEP is based on previous practice and theory in community-based participation and a decade of experience of the former Water and Sanitation for Health (WASH) Project and the current Environmental Health Project (EHP).

CIMEP projects have been completed in Ecuador and Belize and, as mentioned, in Tunisia. New projects are underway in Bolivia and Benin. Elements of CIMEP have been used in many other EHP activities.



Table of Contents

How can CIMEP help development planners and programmers?
CIMEP builds on the lessons of the past2
Planning and start-up
Training7Skill-building workshops.8Fieldwork and follow-up.13Policymaker round tables.13Microprojects.14
Scaling up16Evaluation workshop17Training new trainers17Resource materials17Strategy for replication17
What results are possible with CIMEP? 18
What resources are needed to implement CIMEP?
The Environmental Health Project23

EHP wishes to acknowledge the work of many who made this booklet possible: Dr. May Yacoob of EHP, whose leadership has been instrumental in developing CIMEP; all CIMEP participants, whose hard work and dedication have helped to refine the approach; USAID's Offices of Health and Nutrition and Women in Development in the Population Health and Nutrition Center and the Office of Urban Programs in the Environment Center, which have strongly supported application of CIMEP; Pam Cubberly, who assisted in preparation of the text; and Peggy Rabb of Southern Media Design and Production Inc., who conceived and executed the design.

How can CIMEP help development planners and programmers?

CIMEP can be applied whenever community involvement or participation is an important part of a project. EHP developed and applied the process specifically to address environmental health issues, but it can strengthen the participation of communities to achieve goals in areas outside the health arena as well. CIMEP can be used...

- To improve the ability of local government to involve communities meaningfully
- To involve communities in planning and carrying out environmental improvements
- To increase the participation of communities in child health and population projects
- To enable communities to set up microenterprises to foster economic growth.

CIMEP can be implemented by itself or as a component of a larger project. It can be implemented jointly with other donors and international organizations and adapted to diverse situations to meet diverse goals. But its main value lies in its proven ability to make community-level participation with the state a reality.

This guide lays out the main elements of CIMEP in enough detail for planners and programmers to decide if it can help them achieve the results they are looking for. It tells planners what is involved—time, personnel, resources, commitment—to make CIMEP work. The details of the process will be driven by the demands of the situation: no two CIMEP projects will be the same.

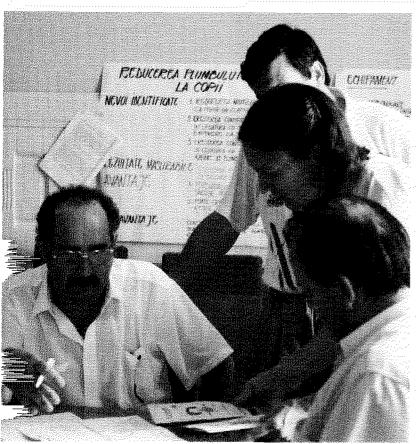


A key goal for USAID in CIMEP Benin is to implement a program within the framework of decentralization which has just been instituted — and to have an impact on environmental health conditions.

CIMEP builds on the lessons of the past

Building on the lessons of past experience, many development assistance agencies are reengineering to achieve greater efficiency, effectiveness, and demonstrable results.

Meaningful engagement of communities in decision making, or participation, is a core part of USAID's reengineered operating system. By involving communities, development



"Before, people were quiet, complacent, and unquestioning. Now, they express their opinions, question others, and feel they have rights."

—Regional team member, Ecuador

professionals redefine their role from outside expert to working partner. Together with governments and communities, they listen, learn, and design projects

more in tune with local needs that result in sustainable improvements in people's lives and environments.

"...the true measure of project success is sustainable improvements in people's lives and environments." CIMEP incorporates lessons from over a decade of experience in community participation projects:

- Creating a "sense" of community ownership for project activities is not real ownership. Real ownership is people managing infrastructure improvements that they pay for and that belong to them.
- Communities alone cannot sustain change.
 The state plays an important role in supporting community-level changes.
- NGOs cannot substitute for the state, although they can play a significant supporting role.
- When demand, rather than supply, is the basis for providing community services, the approach to problem definition is radically different.
- Effective synergy between the state and society creates the trust necessary for allocation of resources.

CIMEP AT A GLANCE A Three-Phase Process



Training

The heart of the CIMEP process is training for potential agents of change at the local level. Skill-building workshops alternate with fieldwork and follow-up at two-month intervals. Trainees gain new skills and work with communities to identify problems and develop suitable microprojects to address these problems. During this phase, policymakers engage in round table discussions to identify and address the obstacles that may prevent trainees from applying what they are learning. Materials used in training can be used to replicate CIMEP elsewhere.

Skill-building workshops

• Fieldwork and follow-up

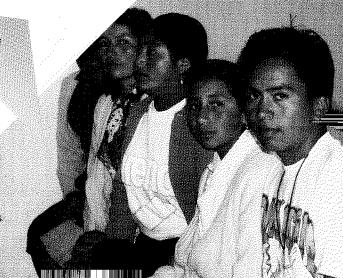
Policymaker round tables

Microprojects

Planning and start-up

Launching CIMEP may involve donor representatives, localand national-level decision makers, and technical assistance personnel. First, organizers assess whether the process can be successfully applied to a particular problem in a particular country. They then select pilot communities in which to test and adapt CIMEP. The first phase culminates with a start-up workshop.

- Assessment
- Selection of partners, trainers, project sites, and trainees
- · Start-up workshop



Planning and start-up



Assessment

Before making a final decision about applying CIMEP, the organizing donor or government agency should answer these questions:

• Is there a specific goal or issue to target or will this be left to the process to identify?

Organizers may know which issue they wish to address, or they may simply wish to improve community problem solving. If they have their own agenda, they should acknowledge what their goals or objectives are.

Key Actors

- Donor representatives
- National-level decision makers
- Technical assistance personnel
- Other stakeholders
- Does the situation lend itself to the approach? CIMEP is probably the right approach if mistrust between the public sector and commu-
- nities hinders problem solving; if public officials compete rather than cooperate with each other; if projects intended to improve conditions bring limited results.
- Can the process work in this country?
 CIMEP is well suited for countries that have begun or intend to decentralize their

Success Factors

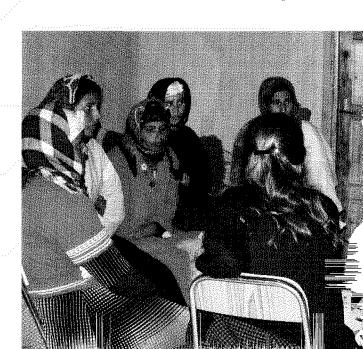
- Clearly identified problem or issue
- Favorable government policies on decentralization and participation
- Strong national support for implementing CIMEP
- Clearly defined roles and responsibilities for each partner at start-up
- Up-front commitment from partners

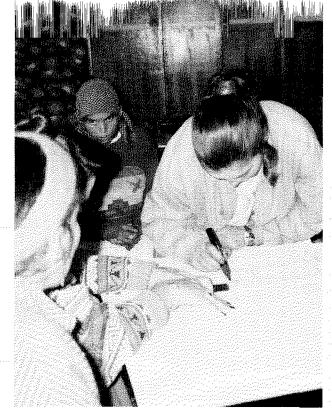
Officials in Ecuador knew which problem they wished to target. After the El Tor cholera pandemic reached its peak in 1993, cholera outbreaks persisted in certain rural mountain areas despite the government's aggressive program of hygiene education. With EHP, the government launched a CIMEP project to find out what behavior and conditions continued to put residents at high risk of cholera.

governments and that foster improvements in governance and community participation in decision making.

• Is there adequate interest among local officials and policymakers? For the process to succeed, local governments must be looking for ways to improve services and must be open to new approaches and cross-sectoral cooperation.

If these assessment questions are answered satisfactorily, implementation can begin.





Local officials and citizens in the cities targeted for CIMEP in Tunisia disagreed on what community participation meant. Officials thought it meant that communities would provide labor and money for infrastructure that authorities decided to build. Communities thought it meant receiving the same services as rich neighborhoods. Frustration and mistrust characterized relations between communities and the public sector. Improved communication was vital to solving the communities' environmental health problems.

Selection of partners, trainers, project sites, and trainees

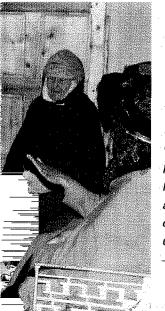
The next step is to establish a working arrangement with donors, government officials, and local leaders who will be involved in CIMEP training and implementation.

Organizers select these partners from among the local institutions that have demonstrated an interest in participating in CIMEP.

- Partners should be drawn from departments, agencies, and other entities that can have an impact on the chosen issues.
- Partners should possess varied qualifications and have clear roles to play in the process.

Organizers and partners then work together to select communities, trainers, and trainees.

- Objective criteria should be applied for selecting pilot communities. Those experiencing higher-than-average environmental, health, economic, and/or social problems are good candidates.
- Trainers are preferably local experts working in the pilot communities or neighborhoods selected for CIMEP. If local expertise is not



"We came from rural areas where the land could not support us. We are living here now where no one wants to know about us. We have a story to tell about our neighborhood, and people look past us as if we do not exist."

— Tunisian woman



available, an expert trainer-advisor, or lead trainer, may be hired to work side by side with the local trainers. In this way local trainers gain experience to prepare them to be lead trainers in subsequent CIMEP projects.

 Trainees should be selected from a range of actors in the pilot communities, from local government staff and service providers to NGOs and traditional or informal community leaders. Subject-matter specialties related to the targeted problems, such as public health, hygiene, civil engineering, education, or reproductive health, should be represented. Trainees should be motivated and should have field experience and responsibilities calling for an understanding of community needs. The trainees selected should be willing to attend all workshops and participate in all phases of the process. Trainees drawn from different organizations and with different interests will have an opportunity to go beyond familiar roles and responsibilities and shift into new behaviors.

Start-up workshop

All partners attend a three- to five-day workshop to launch CIMEP. When the workshop adjourns, they should be "on board" with the process and share an understanding of the targeted problems.

During the workshop, partners work together to:

- Define roles and responsibilities
- Develop a more detailed timeline and implementation workplan
- Articulate the overall objectives for CIMEP
- Begin to build trust among participants
- · Collect and present existing data
- Design pre-skill-building workshop survey.

Nationals should take the lead in designing and implementing CIMEP. Full involvement will give them ownership of the project, the motivation to advocate for it at the highest levels, and the ability to replicate it without donor assistance. Local designers may know better than outsiders how to adapt the process to local needs.

Officials modified CIMEP in Ecuador to address cholera outbreaks in rural villages. They set up a three-level system of training and intervention. A technical team of trainers held workshops for regional teams comprised of health and education or NGO staff. The regional teams in turn trained community-level teams made up of volunteers, teachers, and local leaders. Community teams learned how to assess local health risks, collect and analyze behavioral data, conduct meetings to discuss possible interventions, and mobilize the community to deliver and sustain the intervention.

Training



In a series of workshops, trainees develop skills of facilitating community participation and working productively with local communities, and they find out what the organizations they represent can contribute to a comprehensive solution to the targeted problem. Training takes place in several cycles, each followed by a month or two of fieldwork.

Training phase components:

- Skill-building workshops. Trainees gain participatory assessment skills and applicable technical knowledge pertinent to the issues or problems identified.
- Fieldwork and follow-up. Trainees practice their new skills between the workshops with guidance from the trainers.
- Policymaker round tables. During each training cycle, national and local decision makers review the project's accomplishments and constraints.

• Microprojects, Trainees work with communities to plan and implement low-cost inter-

> ventions, paid for out of a designated fund.

Upon completion of the training phase, trainees should be

- Work as a team with staff from other organizations and community leaders
- · Recognize the poor as able partners in solving their own

able to

- Facilitate communication among all stakeholders
- Apply problem-solving techniques
- · Measure gains in behavior changed and conditions improved.

Key Actors

- Qualified professional trainers
- Representatives from local government staff and service providers, NGO staff, and formal and informal community leaders participating as trainees
- Subject matter specialists

problems

· Relevant policymakers



Skill-building workshops

Four to five workshops of several days each are spaced approximately two months apart. In these workshops, local-level officials and leaders learn partici-

Success Factors

 Selection of trainees committed to CIMEP

methodologies

 Adaptation of training to the local context
 Use of effective adult learning patory and teambuilding skills that will enable them to draw on the knowledge and resources of those they serve—

local citizens-to solve

community problems.

The curriculum is designed by the trainers, with technical assistance from subject-matter specialists as needed. The workshops should...

- Focus on participatory methods, problemsolving, and rapid assessment skills
- Build on the existing knowledge and skills of trainees
- Provide trainees with a summary of existing data and information
- Promote teamwork among trainees and across organizations
- Foster openness to the idea that officials and leaders can learn from community members
- Model the interpersonal skills needed by the trainees
- Develop a work plan for addressing the problems identified on an ongoing basis.

Participants in CIMEP Belize had all worked as local health workers but had hardly talked with one another before. Sharing knowledge and information at workshops quickly gave participants a feeling of empowerment as they voiced their frustrations and needs. Because part of their training was to plan and make presentations to senior-level managers, they also gained skills in communicating with policymakers.

It took time during CIMEP Tunisia for trainees to overcome feelings of competition. Authorities and party officials were used to relying on coercion to enforce official decisions. Community leaders were used to fighting municipal authorities to get what communities needed. CIMEP brought them all into one room and asked them to work as a team on community problems. Slowly, as some later described it, enthusiasm grew as cooperation and collaboration began to make everyone's job easier.



Problem solving and rapid community assessment. CIMEP places trainees in the unfamiliar role of gathering information, analyzing circumstances, and solving problems—activities they may have previously left to "experts."

Through the workshops and follow-up in the field, trainees learn how to conduct a rapid community assessment using interviews, focus groups, and direct observations. They become familiar with techniques, such as community mapping, causality trees, and focused dialogue, to help residents find solu-

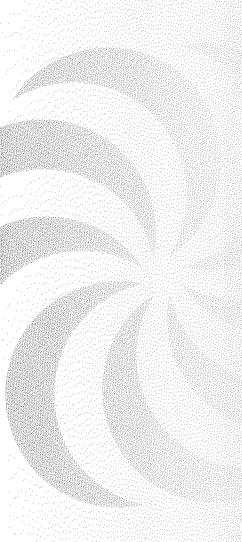
tions for priority problems. Experts, in such



areas as community participation approaches and revolving funds, may be brought in to assist the trainers.

Team building across organizations. Many local-level officials have never worked as a team with other officials and leaders in the community. CIMEP begins right away to break down such "top-down" approaches to problem solving and encourages trainees to function as a team, respecting the contributions of members with experience in different fields.





Participat

Encourages con improves their a initiate, design, in evaluating a

C:

S

Maximize sustained and communities ar cross-sectorally ments to work in New Partnershi

the internet at:

ry

unity members to communicate their needs and concerns and lity to solve their own problems. Relies on local personnel to id lead training. Involves trainees, trainers, and policymakers improving the process as applied in their country.

ss-sectoral

ilds teams among municipal and provincial officials. NGOs, and community leaders and across health, environment, and agriculture sectors to find integrated solutions to problems.

Flexible

Meets a range of development goals in a variety of cultures and situations.

Democratic

Encourages citizen involvement and feedback into the processes of local government.

Affordable

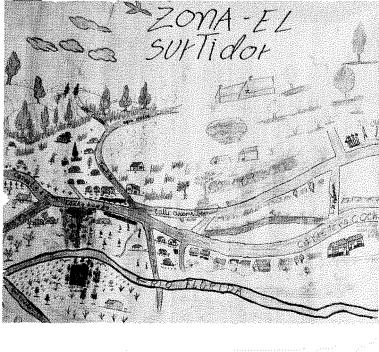
Develops solutions within a community's means to implement, support, and sustain.

Replicable

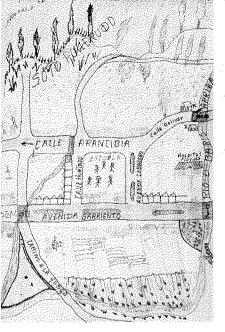
Replicable by former trainees in other communities or introduced to neighboring countries with similar cultures, language, and circumstances.

tainable

the possibility that solutions to community problems will be intinued in the future by creating new partnerships between local government. CIMEP's emphasis on addressing problems and in building the capacity of communities and local governpartnership makes the approach fully consistent with USAID's Initiative (NPI). See the NPI resource guide, available through ww.info.usaid.gov.



Both officials and the targeted communities in CIMEP Ecuador recognized the need for cleaner water and better household practices to prevent the spread of cholera. Officials promoted greater use of soap for washing dishes and hands. but local people resisted. Working more closely with the community explained the problem. Where water is scarce and supplies unreliable, local people use water several times: to prepare food. wash dishes, and, after several uses, to give to their pigs. Feeding the scraps of food in thrice-used water to pigs benefits the entire household. But pigs will not drink soapy water. Understanding this situation allowed authorities a chance to examine the issue and search for an alternative acceptable to communities.



Having local people draw "perceptual maps" can be the starting point for communities to analyze problems and to define actions.

Fieldwork and follow-up

Trainees are organized as teams for the fieldwork. Each team is assigned to a neighborhood or community. At the end of each workshop, the teams jointly develop a work

Success Factors

- Effective assistance and troubleshooting by trainers
- Municipal support for fieldwork
- Frequent "course adjustments" in workplans as new information or data becomes available

plan to implement during the eight weeks before the next workshop. In this way trainees begin immediately to apply the skills they have learned.

Trainers observe and assist trainee teams

during the fieldwork and incorporate input from their fieldwork observations in the next workshop. Trainers also observe how the municipality responds to the trainees' new approaches. The receptivity of a local government to CIMEP is an important measure of its progress in becoming a "learning organization," that is, responsive and adaptive to client needs and circumstances.

The trainees evaluate each round of fieldwork as they gather for the next workshop. They discuss their difficulties in applying new skills and make necessary adjustments in their workplans.

Policymaker round tables

Key decision makers attend policy round tables held during each training-fieldwork cycle for a CIMEP status review. Officials attending should include those responsible

Success Factors

- Participation of influential policymakers from relevant national ministries and municipalities
- Policymakers' willingness and ability to address trainees constraints

for decisions
relevant to the
trainees' work, for
example, immediate
supervisors and
ministry officials
who authorize funds.
Bringing these influential people together
with the trainers and

the leaders of trainee teams to discuss the progress of training has proved essential. The round tables...

- Familiarize decision makers with the community-level actions trainees are promoting
- Enlist the help of decision makers in addressing the obstacles trainees face
- Win decision makers' support for the process and for incorporating new behaviors into the everyday functioning of their institutions.

The Ministry of Interior (MOI) in Tunisia faces significant challenges in overseeing NGOs and local governmental units called "Comités du Quartier." Initially skeptical, MOI staff quickly saw that the policymaker round tables helped them keep in open contact and communication with these groups. The round tables also allowed the MOI to hold municipalities accountable for certain tasks. After the first year, the MOI representative began hosting the meetings, issuing invitations, and facilitating the agenda.

Microprojects

A key task for trainees during their fieldwork is to help communities identify problems and design interventions acceptable to all stakeholders. The proposed interventions, or

Success Factors

- Strong links between design of microprojects and risk factors or other issues identified
- Leveraging of community resources and labor
- Strong community involvement in and oversight of microprojects
- Sustainable mechanism for funding
- Clear roles and responsibilities for management of funds
- Completion of microprojects.

microprojects, are low-cost improvements such as trash bins for recycling, improving drainage, repaying alleys, or distribution of water storage jugs. Since most microprojects are financed through loans, the cost of a microproject should be within the ability of the neighborhood or community to pay back.

Microprojects are a visible manifestation of the hard work and cooperation of trainees and communities. For the communities, which commit both labor and money, the microprojects encourage real ownership of the problem-solving process.

Trainees and community members develop ideas for microprojects as they consider alternative solutions to community problems. Microprojects should meet three criteria:

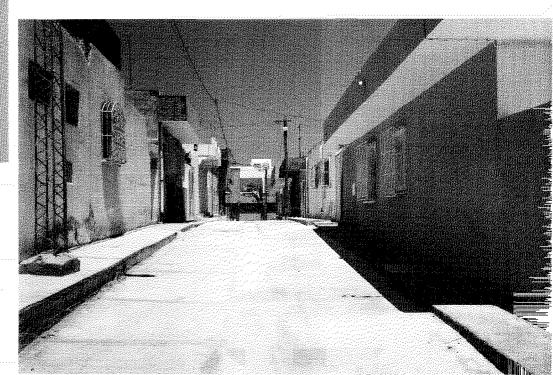
- Respond to community initiatives or priorities that meet the needs of both women and men
- Pass a technical review by government technicians
- Require small amounts of funding.

The initial funds for microprojects should be included in the CIMEP budget. A revolving loan fund administered by a local NGO is a sustainable way to finance microprojects. As the loans are paid back, the money is available for other projects. Managing a microproject fund gives the NGO valuable experience and strengthens its administrative and financial capabilities.

Other funding and fund management options might be chosen. Local government officials normally decide how the funds will be administered and managed. Whatever approach is adopted should promote the community's participation in the management of the funds, while also meeting the requirements of donors and implementing agencies.

A contract may be drawn up for each microproject to formalize the agreement among community representatives, the trainee team, and local government and NGO officials. Local government provides materials and oversight. The community provides labor and pays back money borrowed. Microprojects in the two project cities in Tunisia addressed specific community and municipal concerns. One built a bridge over a frequently flooded ravine so that children could go to school and community members were not cut off from access to a local hospital. Another provided colorcoded waste bins to separate trash from organic waste, which could be used as fodder for livestock. Others included housing improvements, paving streets and alleyways (as pictured opposite), and widening wastewater pipes.





Scaling up

CIMEP starts small with an eye to replication elsewhere to maximize its benefits to the country. The training materials and trainees

Success Factors

- National commitment
- Available funds
- Effective communication among government staff and officials at all levels

from the pilot experience are resources that can be used to duplicate the process elsewhere. Similarly, the pilot country can serve as a model for neighboring countries

with similar cultures, language, and circumstances.

Trying to build greater participation in USAID/Egypt's infrastructure programs, mayors and managers visited the CIMEP Tunisia sites. The visit helped them understand the role of consumers and consumer departments in the effective functioning of utilities. Similarly, when the Bolivia Child Health Program was expanding clinic-based activities to include environmental sanitation, the regional implementation team and key decision makers visited CIMEP Ecuador sites to see for themselves how they could apply the process to address environmental health improvements, specifically diarrheal disease in children.

Four key scale-up activities build on the accomplishments of the pilot experience.

- Evaluation workshop
- Training additional trainers
- Developing and refining resource materials
- Replication of the process in additional neighborhoods or communities or in neighboring countries.



Evaluation workshop

When all microprojects are in place, trainees, trainers, and policymakers reconvene to evaluate the lessons they have learned from their first experience with CIMEP. They review the content of each skill-building workshop and how well it achieved its goals. Their conclusions, presented in a written report, will help the designers of subsequent projects to build on what worked well and avoid what didn't. This output becomes the "procedures manual" for implementing CIMEP in other municipalities.



In the evaluation of CIMEP Tunisia, participants agreed to incorporate several lessons in future programs:

- Solutions to community problems should be immediate, clearly focused, and sustained.
- Officials and community members must agree on what participation entails.
- Communities can use behavior as well as direct health indicators to monitor their progress.
- More time and resources should be devoted to fieldwork and follow-up than to skill-building workshops.

During the evaluation workshop, participants also develop a work plan outlining strategies for scale-up.

Training new trainers

Training new trainers constitutes the last step in the process whenever scale up is planned. Selected trainees attend a training-of-trainers workshop to learn CIMEP techniques and skills so that they can conduct training in other communities. A training-of-trainers guide may be developed for the scale-up process.

Resource materials

Materials used in the pilot communities can be used again for scale up:

- Basic CIMEP curriculum and training materials in the local language and relevant to local culture and experience
- A procedures manual outlining the process; to be integrated into the ongoing activities of the municipality or utility
- Marketing materials, such as a brief video or a brochure.

Strategy for replication

The scale-up process expands as CIMEP is implemented in new sites. Each series of workshops produces more trainers, who continue to expand the reach of the methodology. The ultimate goal is to influence a broad number of local governments to fundamentally alter how they solve problems with local communities.

What results are possible with CIMEP?

of communities are the short-term indicators for measuring CIMEP results. However, a more important indicator of project success may be how stakeholders interact and solve problems in the long term.

Improvements in the health and quality of life

Results on several levels can be expected from CIMEP:

For communities:

- · Stakeholders collaborate successfully to address shared problems.
- Community-level organizations implement and monitor appropriate interventions to address priority community concerns.

in CIMER Tur	isia	(1000) (1000) (1000) (1000) (1000) (1000)
Activity	Estimated Cost/Time	Actual Cost/Time
	to Municipality	to CIMEP
Housing Improvements	cost: \$950	\$336

Comparative Costs of Microprojects

Activity	to Municipality	to CIMEP
Housing Improvements (drains, flooring, animal enclosure)	cost: \$950 time: 2 months	\$336 4 months
On-Site Sanitation	cost: \$700 time: 2 months	\$500 4 months
Solid Waste Station	cost: \$3,100 time: 2 months	\$2,376 4 months
Bridge	cost: \$13,000 time: not available	\$8,530 5 months

Note: Cost per square meter of surface 1.6 times more for municipality

- Municipal improvements cost less than they would without community involvement.
- Communities are able to maintain improvements.
- Community-level organizations are able to collect fees and pay for improvements.

For local public sector institutions:

· Staff use research and problem-solving skills to identify

"We are working to see that the lessons we have learned are not forgotten . . . "

- Community member in

and plan appropriate interventions. • Staff are given

access to technical Ecuadorian village. and financial resources necessary for interventions.

- New policies enable decision makers to address constraints to community-level interventions.
- Staff maintain effective partnerships with NGOs and community-level organizations and consider them "extensions" of government.

For national institutions:

- Stakeholders approve and implement a national-level plan to replicate the pilot experience.
- A procedures manual for integrating CIMEP in the public sector is published.
- · A team of trainers trains others and contributes to scale-up efforts throughout the country.
- Training and marketing materials to facilitate scale up are available in the national language.



Anticipated results and indicators: examples from CIMEP Benin

Result:

In the pilot towns, measurable changes in household behavior and environmental conditions, directly related to the targeted diseases, are documented.

Indicators:

- High-risk behaviors contributing to transmission route of persistent public health diseases are identified.
- Participatory strategies for addressing the high-risk behaviors are developed and implemented.
- Neighborhood environmental health groups monitor behaviors on a regular basis.
- Epidemiological monitoring is carried out in collaboration with the Ministry of Health.

Result:

In the pilot neighborhoods, stakeholders at the community level (municipalities, NGOs, and communities) collaborate to address community problems.

Indicators:

- Interactions between the municipal teams and communities increase in number and improve in quality.
- Participative tools for problem identification and collaboration are used by municipal actors in other areas of municipal planning.
- The population demonstrates an increased level of trust in municipal service providers through increased use of municipal services.
- New mechanisms for community input are used in making local municipal policy decisions.
- Cost sharing between municipalities and communities increases.
- The roles and responsibilities of various local actors, namely, NGOs, community representatives, and elected municipal and appointed technical staff, are clearly defined vis-a-vis poorer communities.

What resources are needed to implement CIMEP?

Technical personnel

The technical personnel who will implement CIMEP should be drawn, whenever possible, from local experts. The exact number and mix of personnel will vary, depending on the circumstances. At least five positions must be filled:

- Project director and management support staff. To provide overall technical direction and management, oversee funds transfer, and liaise with local manager and workshop activities (two persons working half-time).
- Lead trainer. To design and facilitate skill-building workshops and develop training guides (one person working half-time during the workshop phases).
- Content specialists. To conduct initial assessments, collect baseline data, assist in training, and track the impact and results of the project. Examples: an hygienist/sanitation specialist to identify household behaviors for sanitation improvements or an epidemiologist to assist in tracking impacts on health (one or two people half-time).
- Local trainer. To participate in workshops, follow up in the field with participants, provide guidance for microprojects, liaise with local officials (one person half-time).
- Local manager. To participate in workshops, coordinate all logistics for workshops and policy round tables, liaise with local officials (one person half-time).

Señora Hilda, a community team member from Alpamalag, Ecuador, decided to take the lessons from CIMEP to the wider community, "We can teach our children to wash their hands, drink only clean water, and wash their fruit, but we all eat food from the street vendors. How can we teach them the lessons of CIMEP?"

To teach street vendors about sanitation and hygiene. Sra. Hilda and other women from the community set up a stall in which they prominently displayed one of the water containers. The women used water from the containers to wash and prepare the food they sold, as well as to clean the serving plates. "Everyone bought food from us because they didn't want to get sick. The vendors asked us what we were doing that made people buy from us and not from them."

Financial and other resources

Costs vary depending on the country and the size and scope of the project. Provision must be made for four or five skill-building workshops for 25-30 participants, four or five policy round tables for 10-15 participants, a fund for microprojects, and remuneration for expatriate technical assistants, a local manager and trainer, and possibly per diem (but not salaries) for participants. The local government may provide resources in cash or kind. One donor may pay for an entire program, or various donors may collaborate, each contributing resources or technical assistance for various aspects of the program.



For more information

The following publications are available from EHP.

- Addressing Environmental Health Issues in the Peri-Urban
 Context: Lessons Learned from CIMEP Tunisia May Yacoob
 and Margo Kelly. EHP Activity Report No. 24 (also in
 French), 1996 (32 pages).
- Beyond Participation: Locally Based Demand for Environmental Health in Peri-Urban Areas. Robert C.G. Varley, May Yacoob, and Scott Smith. EHP Applied Study No. 6, 1996 (28 pages).
- CIMEP Benin Revised Workplan. Margo Kelly, Habib Khanfir,
 Nouhoum Koita, and May Yacoob. EHP (also in French),
 1997 (62 pages).
- Community Risk Assessment in Thnisia. Ridha Boukraa and Nadia Bechraoui. EHP Activity Report No. 8 (also in French), 1995 (42 pages).
- Creating Institutional Capability for Community-Based
 Environmental Health Programs: Lessons from Belize. May
 Yacoob, Bob Hollister, Al Rollins, and Gail Kostinko. WASH
 Field Report No. 434, 1993 (33 pages).
- Creating Sustainable Environmental Health Conditions by Redefining Municipal Roles and Responsibilities: Experiences from Tunisia and Ecuador. May Yacoob and Margo Kelly. Natural Resources Forum, Vol. 21, No. 1, 1997 (39-50).
- Monitoring the Effect of Behavior Change Activities on Cholera: A Review in Chimborazo and Cotopaxi, Ecuador. Linda Whiteford, Carmen Laspina, and Mercedes Torres. EHP Activity Report No. 25, 1996 (45 pages).
- New Participatory Frameworks for the Design and Management of Sustainable Water Supply and Sanitation Projects. Paula Donnelly-Roark. WASH Technical Report No. 52, 1987 (30 pages).

Photo Credits

Front cover, page i: Dolly Montaño Inside front cover, pages 1,3 top, and 19: Frédéric Boko

Page 2: Patricia Billig

Pages 3 bottom, 7, and 21: Linda Whiteford Pages 4, 5, 8-9, and 16: Nadia Bechraoui

Page 6: Scott Dobberstein

Page 15: Municipal Team, Tunisia

Inside back cover: Margo Kelly

The Environmental Health Project

The Environmental Health Project (EHP) is a centrally funded USAID project providing technical assistance in environmental health to USAID missions, bureaus, and partners. The primary responsibility of EHP is to strengthen USAID's ability to reduce the impact of environmentally related disease on child survival and maternal health. EHP recommends interventions to improve environmental conditions and alter human behaviors that put people at risk of disease. Technical assistance within EHP's scope of work address two types of environmental health problems: (1) those characteristic of underdevelopment, such as diarrheal disease, acute respiratory infection, and malaria, caused by inadequate access to potable water, lack of sanitation, indoor air pollution from cooking fires, and conditions which favor the spread of tropical vector-borne diseases, and (2) those that the process of development

brings about, such as illnesses caused or exacerbated by air pollution from industry and motor vehicles, pollution of water and soil from hazardous and toxic wastes and pesticides, and creation of vector breeding sites in road construction. To request technical assistance or to find out more about EHP, contact:

John Borrazzo Environmental Health Division Office of Health and Nutrition USAID Washington, DC 20523

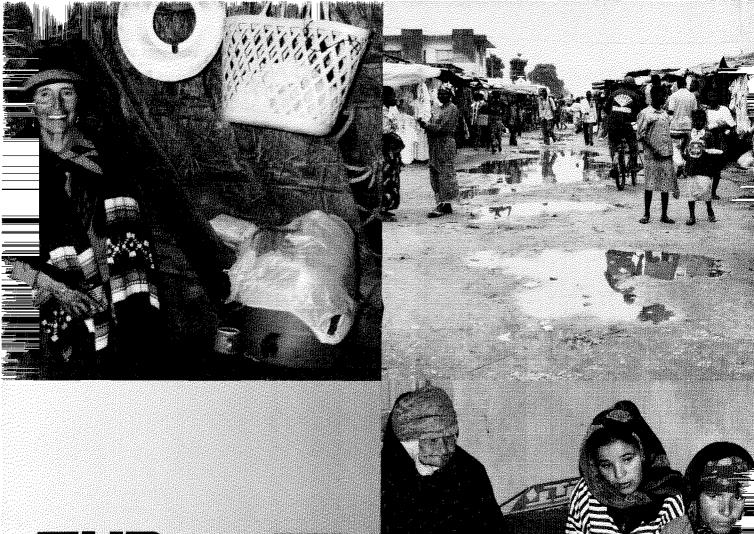
phone 202-712-4816 fax: 202-216-3702 e-mail: jborrazzo@usaid.gov

EHP Homepage:

Additional information about EHP and many EHP publications are available through the

http://www.access.digex.net/~ehp

The Environmental Health Project (Contract No. HRN-C-00-00036-11, Project No. 936-5994) is sponsored by the Bureau for Global Programs, Field Support and Research, Office of Health and Nutrition.





Environmental Health Project

1611 North Kent Street, Suite 300 Arlington VA 22209-2111 USA

Tel: 703-247-8730 Fax: 703-243-9004

E-mail: ehp@access.digex.com

Home Page: http://www.access.digex.net/~ehp

