

Reflection booklet
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Raisonnement

LES CAHIERS

Initiative for Health and Sanitation in Cities

Keys to success



Editorial



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The Autonomous District of Abidjan, the community which I have been heading since 2011, has an estimated population of more than six million three hundred thousand inhabitants, with a demographic growth rate of about 3%. Experts estimate that by 2030, this population will increase to ten million.

This growth is similar to that observed in the cities and capitals of developing countries and prompts us to question in particular our role in the well-being of our citizens: how can public policies in favour of the health of urban dwellers be implemented at the territorial level? On which levers should we work to foster complementarity between States, local authorities and community actions?

In the field of health, in recent years, the essentially biomedical conception, centred on the absence of disease and on individual care, has been gradually discarded in favour of a conception of health as “a state of social, mental and physical well-being”. It emerges from this definition that health is not produced first and foremost in the healthcare system, but outside it, which opens the way to health-promoting actions through public policies on urban planning, territorial economic development, the fight against inequalities, the fight against the impacts of climate change, as in Abidjan in favour of air quality, etc.

These are the social determinants of health, specifically: the conditions in which people are born, grow up, work, live and age, and the wider set of forces and systems that form the conditions of everyday life. Massive urbanisation is prompting the public health sector to seriously question the ability of cities to act on these social determinants to improve the health, well-being and life expectancy of urban populations.

The Initiative for Health and Sanitation in Cities (ISSV) programme has been a pioneer in conducting pilot actions on topics that initially appear distant from one another, but which act directly on these social determinants.

Family planning and the fight against early and unwanted pregnancies and the improvement of maternal and child health is one of these themes, which has been the focus of work to which I can attest at the level of the Autonomous District of Abidjan (ADA). The ADA has long been engaged in the battle against HIV AIDS: the project carried out within the framework of the ISSV is consistent with our policy, the multi-sectoral approach of our action and has relied on our social, education and health services to develop new actions and support the emergence of new skills.

Alongside projects focusing on family planning, other initiatives on emergency preparedness and urban sanitation, which have a major impact on the social determinants of health, have formed the concrete foundation for the ISSV.

In this publication, the capitalisation results for each theme are reported in detail so that all the cities in the network can make them their own.

However, I would like to recall that the originality of this partnership lies in the distinct angle chosen, working with a governance approach common to all subjects and which is the hallmark of the AIMF: supporting municipal project management, building the capacities of local teams, providing advanced technical expertise, responsiveness, transparency and adaptation to local constraints in financial and administrative management. This working model is one of the keys to success of all the cooperation projects which the AIMF supports with Francophone cities.

The Bill & Melinda Gates Foundation is to be thanked for the trust it has placed in the AIMF network, and all the cities, associations of local authorities and partners of the Initiative are to be congratulated for the results achieved and for the impetus they have given to the sustainability of the achievements on the ground.

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01

Initiative for Health and Sanitation in Cities - ISSV

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01.01 An innovative partnership...

The AIMF and the Bill & Melinda Gates Foundation signed a partnership in March 2017 to develop an "Initiative for Health & Sanitation in Cities".

This initiative builds on the capacity of the AIMF to mobilise its network of local authorities, and on its experience in the implementation of development projects in direct link with municipalities.

First partnership between this leading private philanthropy foundation and the network of Francophone local elected officials, the Initiative has resulted in the implementation of 15 pilot projects in 5 years, the unifying thread of which was the improvement of the health and living conditions of the populations.

This programme was considered essential by the AIMF Board since urban populations are expected to double in the next twenty years, and this growing urbanisation makes it difficult to respond to the needs for essential services, first and foremost health.

Indeed, whether the aim is to improve maternal and child health and birth control while promoting equal rights for women and men, or to counteract external factors with a negative impact on the health of populations, such as sanitation or natural disasters, mayors are called upon to act on a daily basis.

The ISSV was centered on 3 key issues, addressed through an innovative approach



Family Planning:
Fostering access to family planning services and modern contraceptive methods to give populations the means to build their future as they choose.



Fecal Sludge Management:
Setting up a sanitation system that is inclusive and suited to local issues in health and environment, and opens up new economic prospects for cities.



Emergency Preparedness:
Providing methodological tools so that local populations can better anticipate and cope with the consequences of natural disasters in cities.

In a spirit of reflection and action, the ISSV brought together for the first time the global network of Francophone local elected officials and the Bill & Melinda Gates Foundation to place local authorities and the mayor at the centre of their response:

01.02

... To improve the health of populations

With this partnership, the AIMF and the Bill & Melinda Gates Foundation contribute in an innovative manner to the global effort to integrate sustainable development goals (SDG) through the design, implementation and monitoring of local development policies and strategies by putting the territories at the heart of the process.

More than \$17 million have been mobilised to provide financial and technical support to Francophone cities as they develop their projects. The Bill & Melinda Gates Foundation provided a co-financing of \$4.75 million. The AIMF, the City of Paris, the technical and financial partners and the pilot cities provided the additional funding, for a total of nearly \$12.5 million for the implementation of the project and the additional intervention phases.



01.03

... And to position the local authorities at the heart of sustainable urban development

The implementation of the Initiative was based on beneficiary municipalities that provide co-financing to projects and mobilise decentralised cooperation to create a leverage effect. The AIMF and the Bill & Melinda Gates Foundation thus recognise the unique role of local authorities and mayors in the field of sustainable development, by placing them at the heart of the process.

With their fine-grained knowledge of the territories, the local authorities have a key part to play in enabling sustainable international development and expanding access to essential urban services.

- Improving skills at the local level enables capacity-building for the local authorities to take sustainable action.
- Through their ability to be mediators between all the stakeholders and to unite them around a common vision, Mayors are perfectly positioned to coordinate the development policies of their territories. In the front lines of local-level issues, Mayors become catalysts for change, drawing on the mobilisation of the populations.
- With local legitimacy, Mayors are empowered to implement participatory, accountable and transparent processes that contribute to providing better quality services for all.

“ The local level is anything but an apolitical level. It is the place of political commitment in the noble sense of the term, of real commitment. ”

Anne Hidalgo
Mayor of Paris

In this manner, the ISSV has helped bring out leading Francophone cities when it comes to innovative solutions for urban development, in the framework of international cooperation of an all-new kind.

01.04 15 pilot projects

01.04
15 pilot projects



01.05 A major impact at the network level

A working method based on the experience of the AIMF and adapted to the ISSV

One major challenge that development organisations face lies in ensuring that interventions respond to the needs and priorities identified by local partners, as well as to donors' goals and expectations. The AIMF network's approach to project structuring and financing makes it possible to ensure that projects meet these different levels of priorities while ensuring that development aid effectively reaches the local administrations, which play an essential part in the implementation of public policies.

The approach is initially based on the need expressed and identified by a Mayor. The project definition process, carried out with the municipal teams, enriches, deepens and incorporates best practices and innovations that emerge from the experiences of the related partners.

The principle of back and forth between reflection and action is also characteristic of project conduct at the level of the AIMF.

These principles are brought together in the terms of the AIMF Cooperation Fund, established in 1990, and its status as an operator of the Francophone world for decentralized cooperation (1995), which ensures the unique and very strong institutional base of the AIMF.

The Initiative for Health and Sanitation in Cities is based on the principles and procedures of the Cooperation Fund. The selection criteria for pilot cities have been updated to ensure that key partners are represented in the process. They pertain to local political will, a prerequisite for any project, in addition to the experience of municipal teams on these innovative themes and the existence of multilateral partnerships promoting sustainability, leverage effects and replication potential. The 13 pilot cities and city associations selected for the implementation of the 15 pilot projects have all provided co-financing in cash and/or in kind as a guarantee of their involvement.

Each of these pilot projects gave rise to a specific agreement from the outset, determining the respective roles and contributions of each of the stakeholders. The projects are implemented by the pilot cities in accordance with local public procurement procedures and are subject to a no-objection notification from the AIMF, which remains the manager of all the funds. These are executed either directly from the AIMF (the majority), or by the cities after a priori validation by the AIMF - and justified thereafter. This model guarantees the transparency and traceability of funds while ensuring capacity-building for the cities and the sustainability of the approach, integrated into the local authorities' usual operation.

This method is a response to the expectations of States, which are responsible for "localizing" the development policies defined at the national level, as well as the expectations of Mayors, in search of greater autonomy to implement their commitments on the ground.

The pilot nature of the projects conducted in the ISSV is aimed at bringing out the local expertise on these innovative subjects, capable of managing larger-scale projects with development partners and supporting the operationalisation of decentralization to achieve sustainable development objectives.

01.05 A major impact at the network level

A new and replicable system of indicators and monitoring & evaluation

Monitoring & evaluation are key to the success of the programme, as the lessons learned and outcomes from this system are fundamental to demonstrating the suitability of the working process and the effectiveness of the actions to other municipalities as well as to the technical and financial partners.

In the framework of the Cooperation Fund (FDC), the AIMF uses flexible monitoring & evaluation frameworks based on the existing methods of local authorities. The principle is to support the local project management with accountability of the local authority, first and foremost to its own stakeholders: projects are built into the usual functioning of the authority, looking to strengthen what already exists, rather than replacing it with ad hoc mechanisms imposed from outside. In addition to these monitoring procedures, standardised evaluation questions are used to share results, impacts and learning at the level of the network as a whole and of the Cooperation Fund partners. These questions are based, first, on the DAC (OECD) criteria for the evaluation of development aid, a reference in the field that covers relevance, coherence, effectiveness, efficiency, impact and sustainability; secondly, they explore the issues specific to the FDC, namely the strengthening of municipal-level project ownership, the projects' replicability, the lessons learned and innovations, and the partnership, coordination and project governance approaches.

Based on these guiding principles, the ISSV has updated the monitoring & evaluation methods, drawing on the methodology and expertise of the Foundation and its partners. The challenge was to reconcile the expectations of the Foundation and the AIMF with the viewpoint of the elected representatives and municipal technicians, within the framework of a complex programme.

Indeed, the Initiative grouped together, around 4 overall change objectives (in terms of Governance, as a cross-cutting area; Family Planning; Fecal Sludge Management; Emergency Preparedness) 15 local pilot projects contributing collectively to the Initiative's outcomes, in connection with the project components run directly by the Permanent Secretariat of the AIMF.

The issue at stake was thus to ensure efficient escalation of information to round out the global monitoring & evaluation system in accordance with the Foundation's standards. These standards are built on specific formats and the following principles: clearly explaining the intervention logic in terms of the overall changes sought; breaking this logic down into results (degree of project implementation, contributing to results), outputs (immediate effects of projects, contributing to an intermediate outcome) and intermediate outcomes (the impacts of the Initiative).

In this work, the AIMF was supported by experts to develop a comprehensive monitoring & evaluation framework that was then recast for each pilot city according to its particular contribution to the Initiative. This identification makes it possible for each city to ensure that it does collect, according to its usual procedures, the information expected at the global level and necessary for the final external evaluations.

All the data contained in this capitalisation are derived from the local and global monitoring system, as well as from the various assessments conducted on the ground and at the level of the permanent secretariat.

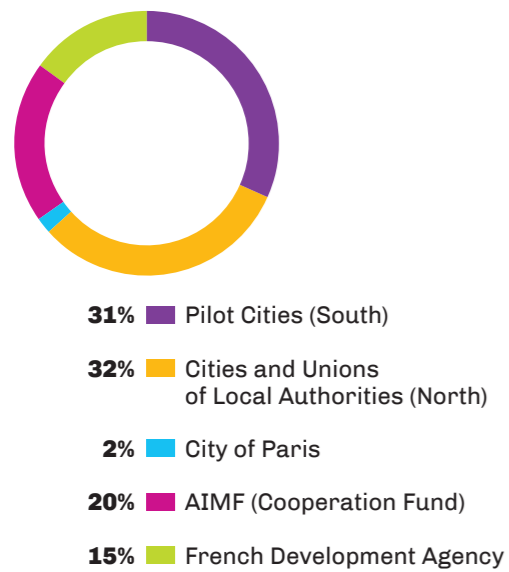
01.05
A major impact at the network level

A major leverage effect

From a financial perspective

The total amount of funds mobilised by the AIMF for the Initiative for Health and Sanitation in Cities is approximately \$17.4 million, which represents, from an initial endowment of \$4.75 million from the Foundation, a global leverage effect thanks to which this initial donation has been multiplied by 3.6.

ISSV co-financing by partner

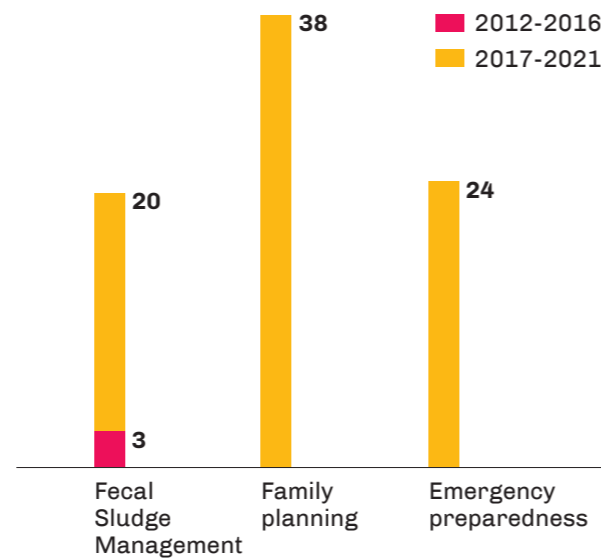


The bulk of the co-financing generated through the AIMF's intermediary came from decentralized cooperation (85% of co-financing), divided between pilot cities in the South (37%), the decentralized cooperation of cities and local authority associations in the North, including the City of Paris (40%), and the AIMF Cooperation Fund (23%). This result demonstrates the ability of decentralized cooperation to contribute locally to international development via large-scale projects.

And political will

The ISSV has generated strong emulation within the AIMF network, as reflected by the numerous requests received from members on these three themes. Over the 5 years preceding the ISSV (i.e. 2012-2016), only 3 requests had been received by the Cooperation Fund on Fecal Sludge Management, and none in the focus areas of Family Planning and Emergency Preparedness. Between 2017 and 2021 and integrating the ISSV projects, 20 requests were received on FSM from member cities (including 15 funded by the AIMF), 38 on Family Planning (19 funded) and 24 on Emergency Preparedness, mainly in preparation for the Covid-19 pandemic (all funded).

Requests from member cities by ISSV theme



Excluding ISSV pilot projects, these requests prompted the AIMF to commit an additional €5 million with its own funds and with its partners, for the implementation of projects in Fecal Sludge Management (Mahajanga, Siem Reap, etc.), Family Planning (Gitega, Kigali, etc.) and Emergency Preparedness (Covid-19 pandemic).

01.05
A major impact at the network level

A winning mobilisation process, combining ...

Advocacy

These results were made possible by the intense advocacy of the Permanent Secretariat with its members and technical or financial partners.

First of all, the General Assemblies were important moments of information and experience sharing. The project was launched with the members at the 2017 AIMF Congress, with dedicated events and the promotion of calls for expressions of interest. The network was informed of progress achieved and specific workshops were held at the Congresses in Lille (2018), Phnom Penh (2019) and Kigali (2020)



In addition, the Permanent Secretariat of the AIMF ensured visibility of the cities in the main thematic international events, by inviting the champion Mayors of the ISSV to participate. Where FSM is concerned, we can note the participation in the 5th International Conference on Fecal Sludge Management (WFTU 5, 2019) and the preparations for the next World Water Forum in Dakar (post-project, in 2022); and in FP, the participation in the 3 meetings of the Ouagadougou Partnership organised face-to-face (pre-Covid) as well as at the ICFP in Kigali (2018).

Lastly, the pilot cities were instrumental in stepping up their visibility at the local and national levels on these emerging themes. With regard to emergency preparedness, the experiences of the pilot cities have been capitalized in guides to engage the other municipalities in the country and/or sub-region in similar approaches, strengthening their legitimacy with the national players. As pertains to sanitation by fecal sludge management, the studies implemented and the strategies developed aimed at asserting the municipalities' prerogatives in the sector, seeing to the interconnection between powers and action between the public, central and decentralized partners, and the private partners. Regarding family planning, the pilot cities ran local advocacy efforts to secure the mobilisation of partners from the territory of the State and national associations of local authorities, who led national events improving the visibility of the role of cities in achieving national objectives in this area.

Structuring experience-sharing between cities

The pilot cities joined remote thematic working groups, including on-line sharing of deliverables and regular information on respective advances. They were brought together for events to share experiences, to give a higher profile to champion mayors on these themes and for South-South-North cooperation.

01.05
A major impact at the network level

On Family Planning:

- 3 steering committees meetings were held, in Lille, Abidjan and remotely, culminating in July 2021 with the International Conference on Gender Equality and Family Planning. On this occasion, the lessons learned from the 5 pilot projects were shared and priorities for future action developed. The Mayors of the network adopted the Declaration of Francophone Mayors in favour of gender equality and sexual and reproductive health and rights, detailing the network's priorities in this area.
- 3 study trips were organised between pilot cities to foster experience-sharing and networking, in Abidjan and Bobo-Dioulasso in 2019, and in Togo in 2021.

On fecal sludge management:

- A first study trip was held in 2018 in Dakar to train the pilot cities, and in 2021 the closing international seminar was organised in Yaoundé, the Initiative's pilot city, to share the lessons learned from the project and set priorities for future partnership phases.

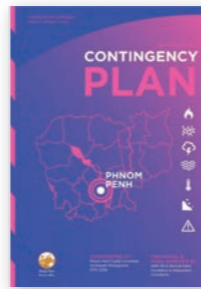


On Emergency Preparedness, the guide dedicated to Cameroon's cities was officially shared at the 2021 JEICOM. The guide developed for Francophone cities in South-East Asia is following the same popularisation process.

Production of practical tools and capitalisation

The ISSV process has resulted in the production of reference documents widely shared within the network:

- Family Planning: 5 local final evaluations and 4 capitalisations / practice guides, 1 comparative study on the decentralisation of health in West Africa 1 dedicated publication (Raisonnance)
- Fecal Sludge Management: 8 municipal structuring strategies for fecal sludge, based on socio-economic, technical and organisational studies produced.
- Emergency preparedness: 2 quantified action plans and 4 contingency plans, 2 guides for use by cities.



The approach was also illustrated by the production of films. **The final external evaluation of the ISSV was carried out and made it possible to enrich this capitalisation.**

01.05
A major impact at the network level

Practical guide for gender integration

In 2020, the AIMF published a guide to enable "Gender Mainstreaming in Development Actions", with the objective of:

- > Mobilising and equipping Francophone cities and associations of local authorities to take gender issues into account when setting up and running their development projects.
- > Monitoring and following up on this issue in the portfolio of projects supported by the AIMF Cooperation Fund.

Although the guide focuses primarily on the water/sanitation and health sectors, which are priorities under the ISSV, it is designed to be easily adaptable to any new area of intervention. It is organised around two main sections. First of all, it reviews the gender concepts and issues at stake within the context of international development, and in particular in the water, sanitation and health sectors. It then suggests gender integration practices at all stages of the project cycle, from design to assessment, and provides indicators and follow-up-monitoring tools.

Gender equality and support for female leadership have long been focus areas for the AIMF network. The guide proceeds from this cross-cutting axis of strategic programming, in accordance with international commitments and in line with the Gender Strategy of Francophone Countries.

The AIMF deems that gender equality is an important factor for change in the territories where its member cities and associations take action. Collective thinking processes and discussions about the feminisation of power, modes of cooperation, minority issues and memory have all taken gender issues into account in a cross-cutting manner. Concurrently, in its solidarity actions, the AIMF specifically targets projects that facilitate the empowerment of women through social action in the territories.

This engagement is supported by the AIMF Gender Commission, established in 2007 and chaired by the City of Bordeaux.

02

Family Planning

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02.01. Local commitment, an essential component in the success of Family Planning policies.

270 million women across the world (2019) who wish to avoid a pregnancy do not have access to modern means of contraception. Yet voluntary family planning, which is aimed at enabling women and men to choose the number and timing of their children, is one of the most significant investments when it comes to human capital development, fostering empowerment for women and having a lasting impact on their health and well-being.

Family planning contributes to the rights of all persons to make free, informed and responsible decisions and to exercise full control over the basic aspects of their health, without being exposed to any form of discrimination, stigmatisation, coercion or violence whatsoever.

Cities are priority spaces for action on these issues. This is because, on the one hand, they are areas subject to high demographic tension, which places greater pressure on essential infrastructure and services, but also, on the other, are places of opportunity. Improved access to family planning is one of the catalysts for enabling young adults, and in particular young women, to have greater control over their future in order to seize these opportunities.

Public health policies are not limited to the health services offered by the central State: the issues at stake in prevention, shifting patterns in behaviours, and the elimination of discriminatory standards are all within the remit and under the responsibility of public players and civil society broadly speaking (players in education, youth, community development, social movements, etc.). The local authorities are driving forces in implementing processes in the communities and achieving integration of services, by mobilising all the stakeholders.

The success of family planning policies thus requires “tailor-made” solutions, adapted to each territory. The Mayor, by the privileged links s/he maintains with the population, is the most able to understand the diversity of cultural and societal issues likely to have an influence on family planning policy. Mayors are the bearer of a political project, a vision for the development of their territory, which necessarily takes into account and anticipates the demographic dynamic at work.

The pioneering Mayors who voluntarily engage in policies for the promotion of family planning will thus inevitably create a ripple effect, across their territory and on an international scale, among their peers and the technical and financial partners.

Working on family planning at the local level implies taking on two issues concurrently:

- Improving the health of residents and promoting their sexual and reproductive rights, in a gender equality approach.
- Promoting sustainable development for the territory, which integrates demographic dynamics, in a long-term vision.

Spurred by the successive phases of the decentralisation process, under which the municipalities extended their powers in the field of public health, the AIMF has been interested in these issues since the launch of its Cooperation Fund in the 1990s. From the mid-2010s onward, it explicitly mobilised on the issue of family planning, with the launch in 2017 of its first dedicated call for projects.

02.02 The working process

As the theme of family planning is relatively new for the AIMF, the ISSV mobilised several key sources of expertise around it:

- the City of Paris, a technical partner with its maternal and child protection and international relations teams. The City also mobilised the NGOs Equilibres et Populations and the French Movement for Family Planning to provide support to the pilot cities.
- the Bill & Melinda Gates Foundation, in particular from "The Challenge Initiative," a project headed by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. In particular, this made it possible to provide pilot cities with intervention guidelines via the "project owner package" or "high-impact practices in family planning package", produced specifically for the urban context.

This innovative partnership model resulted in the creation of a call for proposals in 2017, launched on the occasion of the AIMF Congress in Montreal, to encourage the mobilisation of member cities and identify the best pilot projects to support under the ISSV. The analysis with partners led to the selection of 5 pilot projects, 3 run by metropolises, the Autonomous District of Abidjan, the Urban Municipality of Antananarivo and the city of Bobo-Dioulasso, and 2 by municipality umbrella organisations, the National Association of Municipalities of Benin (ANCB) and the Umbrella Organisation of Municipalities of Togo (FCT, formerly UCT), in partnership with the city of Tsévié. These last two projects made it possible to support 10 municipalities in the process, for a total of 13 cities engaged.

At the start of the pilot projects, external diagnostic studies were carried out to advise local authorities in the design of their project, and provide continuous building of local capacities through the organisation of training sessions, study trips and participation in international events. The teams in charge of the pilot projects took care to surround themselves with experts from local civil society in the implementation, particularly in connection with the Ministries of Health and the national members of the International Planned Parenthood Federation.

The projects supported are structured around 4 types of intervention, with varying levels of intensity depending on the skills and priorities of the project owners:

- Capacity building for local players in FP, in a cross-cutting dynamic between elected representatives and municipal teams; public health players; young leaders and educational staff; local development associations.
- Communication for behavioural change, promoting demand for FP: community and local campaigns, general public or targeted events, mass media.
- Stepping up the service offering in FP: investments made in public health structures, campaigns for free "off-grounds" services implemented.
- The creation of an enabling environment: information and advocacy with opinion leaders, elected representatives, religious and neighbourhood leaders, integration of FP issues into local policies and planning, support for the mobilisation of additional domestic and international resources.

02.03 Key results in figures



FP pilot projects involve a combined population of approximately **10 million inhabitants**



660 community leaders, volunteers and young leaders trained



Direct impact on the cities of the AIMF network and on the emergence of the FP theme: **38 requests received from network cities** for action on FP between 2017 and 2021 (**50% financed**).



13 cities implementing budgeted family planning action plans with the support of partners



269 municipal technicians and local elected officials trained



41 health centres equipped and strengthened



446 public health workers trained



50 schools chosen for the roll-out of comprehensive sex education campaigns



180 teachers and faculty trained



8 long-term partnerships between local authorities and national and international FP organisations

02.04 Lessons learned

At the global level

Growing engagement on the part of AIMF network cities to promote FP

At the level of the AIMF network, a significant increase in requests from cities on sexual health and FP can be noted, with 38 requests received since 2017. Apart from the ISSV, **4 projects** currently implemented in Burundi and Rwanda combine supply- and demand-building for FP services, for a **total FDC subsidy of more than €1m**.

A South-South and triangular cooperation model, involving civil society

The pilot projects were designed by the technicians of the pilot cities, with the advice and support of the project partners, involving the learning of the TCI “**project owner package**” with the **expertise** of: the **City of Paris, Equilibres et Populations, Planning Familial Français**, and the **AIMF**.

The organisation of **sharing of practices** between pilot cities, **study trips** and participation in **international conferences** helped bring dynamism to the elected representatives and technical teams, and to support the identification and ownership of new practices.

A flexible and responsive management model that allowed adaptation to Covid-19

Field activities have been initiated by the cities, project managers, in accordance with local procedures and the AIMF operating mode (expertise, monitoring and financial management of the AIMF). The main expenses are paid directly from the Cooperation Fund, which is domiciled in France, and the recurring activities requiring local cash flow are covered through regular requests for advances from the cities. This model makes it possible to **insert the initiative into the municipality's usual operating mode** while ensuring that **all expenditure is subject to proper supervision**.

This system, combined with the flexibility provided in budgetary reorientation (upon prior validation), made it possible, for instance, to **provide emergency support for the Covid-19 response action plans** adopted by each of the pilot cities/associations, prioritising the protection of healthcare centres and local agents (facilitators, CHWs, etc.) to support the **continued provision of local FP services**.

02.04 Lessons learned

At the local level

The ISSV developed 2 main types of FP pilot projects:

- Large-scale projects run by a large city under the leadership of a lead mayor, which, upon reaching a critical threshold, brought about visible and lasting changes on the territory;
- Projects run by umbrella associations of local authorities, coordinating the project at national level and supporting multiple (often smaller) municipalities in the development of FP policies.

The main lessons learned were as follows:

Making promotion of FP cross-cutting, in interconnection with the cities' specific skills

The projects are implemented with the **political support of the Mayor** and his Municipal Council, by the municipality's **permanent technical teams**, after capacity-building.

The skills specific to municipalities and their specific strengths (particularly in terms of public facilities) are mobilised to intervene as a complement to specialised health players, integrating FP into:

- Public health policies: integrating HIV control operations with the promotion of sexual health and FP.

- Socio-cultural policies: free activities and consultations during cultural and sporting events.
- Gender policies and policies to combat violence against women: counselling services to which users can turn to talk about their problems or report violence, during the deployment of advanced FP strategies.
- Community development policies: training for neighbourhood facilitators, raising awareness in community, religious and local leaders.
- Youth and educational policies (see next point).

A focus on youth

Without prompting, all the pilot cities wanted to develop services adapted to young people, with dedicated educational and socio-cultural approaches:

- Creation of anonymous and free service-provision points.
- Training for educational teams to bring about a change in mind-sets and be able to guide and advise young people.
- Training for young leaders, peer educators and at school clubs.
- Presentations in schools and out-of-school settings, in connection with structures specialising locally in sexual and reproductive health for youth.
- Presentations at cultural and sporting events aimed at young people.

Regional approaches to ensure greater consistency in the actions taken

All the partners within a given territory (in particular in charge of health and education) are trained in parallel to ensure a community of practices and networking.

Local civil society is mobilised for the implementation of projects and within local steering committees in order to:

- improve project governance and the quality of interventions;
- develop sustainable partnerships between the municipal council and local FP service providers, both in terms of supply and demand;
- improve coordination and cooperation between CSOs and public players.

A marked dynamism of cities to perpetuate their commitment

The pilot cities have sought to bring together international players and partners to support the implementation of their FP promotion policies: partnerships with the Ministries in charge of Education, Youth Affairs or Health; mobilisation of international organisations and cooperation on development; partnership work with local CSOs.

In addition to mobilising domestic resources, the cities and associations of pilot cities held consultations with technical and financial partners to extend their intervention and continue to innovate, for instance with TCI (Bobo-Dioulasso, ANCB), AFD (Antananarivo, FICOL in preparation for Abidjan) or in partnership with international associations (members of the IPPF in Benin and Togo).

The advocacy activities conducted with municipal councils aim in particular at integrating FP/sexual health into the **municipal planning** processes (PDC, action plans) and to set up **dedicated municipal budgets** (where they do not yet exist). The experience gained during the pilot projects is then used to ensure the effective implementation of these budgets.

02.05 Recommendations

The steering committees and the 2021 international colloquium on family planning made it possible to adopt final principles and recommendations, derived from the experiences of cities and discussions between them.

- **FP and SRH** must be explicitly taken into account in **municipal development schemes and plans**, in light of the public health issues which they raise and the impact of demographic growth on the development of a municipality.
- **The promotion of FP cannot be reduced to medical intervention**: the issues at stake are also connected with the rights and well-being of individuals, throughout their lives and even when they have no reproductive plans or “care” needs. Furthermore, the debates they raise are socio-cultural and therefore engage society beyond the strictly medical environment.
- The issues at stake in **FP and contraception** must also be considered as part of **Sexual and Reproductive Health**, including the issues of HIV, and the **fight against gender-based violence**, and not in a compartmentalised manner, given the obvious interaction between these different dimensions, particularly for young people.
- **Municipal action** in this area is complementary to that of the State, within the transferred powers and budgets. In particular, it makes it possible to develop **local-level approaches**, anchored in the communities and more closely tailored to their needs. Given the limited resources available, they also rely on **pooling** efforts and mainstreaming the issue within municipal policies and in conjunction with **civil society**. Municipal projects in this area have a high potential for **cross-cutting** implementation and **sustainable** policies within various departments, each involved in specific aspects.
- **Dedicated approaches aimed at young people, disadvantaged populations and vulnerable people** must be deployed, in particular by mobilising local infrastructures and CSOs. The use of **non-mixing** in some of these mechanisms, particularly communication, can be useful in attracting specific audiences and in particular in mobilising **men** on the subject.
- The interconnection between **capacity building** and advocacy actions for an **enabling environment** with the **effective implementation of local FP services** (availability of contraceptive products, counselling, communication for behavioural change, etc.) have been central to the sustainable mobilisation of players in the field.
- The Mayors and Presidents of local authority associations play an essential part in **ensuring the support of their stakeholders**, particularly within their **municipal councils** and with the **community and spiritual leaders of the territories**, and with the services of **the State** to ensure mutual knowledge of **legislative and programmatic developments on the subject** (and the policies devolved to cities), and to develop **more fluid collaborations between different levels of government**.
- The **South-South experience-sharing schemes** between local authorities engaged on the topic in West Africa have played an important part in creating **emulation** between cities and **mutual inspiration**. Replication of this type of mechanism is recommended.

Study on the decentralisation of health policies in Western Francophone Africa

As part of the ISSV, the AIMF has initiated analysis work on the decentralisation of health policies through comparative studies in Francophone West Africa, at the level of 4 member countries of the Ouagadougou Partnership (Benin, Burkina Faso, Ivory Coast, and Togo) receiving assistance under the ISSV. These studies aim to analyse the countries' legal framework in the field of health services, with specific attention to promoting family planning, and to propose recommendations and corrective measures to strengthen the place, role and power of local authorities in these areas.

At the national level, these studies focused on the legal and regulatory frameworks governing the decentralisation of the health system as well as on the transfer of powers; they cover in particular the following areas: construction and management of first-level health facilities (at the base of the medical pyramid); organisation of pharmaceutical supply; taking measures relating to the prevention of diseases, hygiene and sanitation measures within their territorial jurisdiction; inspection to ensure application of health regulations.

On these last two points, the involvement of local authorities in the prevention of the Covid-19 pandemic was an important factor for recognising their role in local-level health services. Yet, while the texts are explicit about the powers transferred, their application is too often partial due to conflicts of powers, resistance to change and shortcomings in the transfer mechanisms.

Beyond the key challenge of transfer of financial resources, a chronic difficulty in many cases, the transfer of human resources is also an issue: thus, a form of "double guardianship" of first-level health agents has been regularly identified, between administrative guardianship by the Municipalities and technical guardianship held by the decentralised State. However, the transfers of assets generally become reality at the level of the municipalities, which are responsible for the maintenance and construction of basic health infrastructures (medical centres, dispensaries, maternity wards, etc. and related equipment).

At the level of the municipalities, the importance of developing health care in local development strategies should be emphasised, as it generally comes second (after education) in local social development policies. Most large cities consequently have services specifically dedicated to health. Moreover, although the data are complex to aggregate, the studies also noted an increase in the level of investment of municipalities where health is concerned. However, a majority of the investments, even for infrastructure under transferred powers, continue to be steered directly by the Ministries. While the investment capacity of the Municipalities is often limited, ensuring the reality of the transfer of resources dedicated to health could play a central part in enabling municipal steering for these local investments, and optimise and streamline intervention, with a more consistent network across the territory. From the point of view of human resources, beyond their own services, the municipalities have rarely taken on personnel movements from healthcare centres that are subject to these "double guardianship". Lastly, the data collection mechanisms regularly conceal the role and place of the local authorities, thus raising issues for steering and municipal strategy in the sector.

In the face of these challenges, **the need to set up or reactivate units in the Ministries of Health specifically dedicated to dialogue with local authorities, and the involvement of local authority umbrella organisations in the sharing of information between local authorities and the State**, appear to be priorities.

It is also in the interest of the umbrella organisations to build on their work with parliamentarians to support the operationalisation of devolution and the financial empowerment of communities. Lastly, these studies have helped to identify opportunities and prospects for stepping up the role of the municipalities in the implementation of health policies, in particular community and local policies.

On the subject of family planning in particular, its gradual emergence in municipal strategies (municipal development plans) has been noted,

making it possible to territorialise the national policy and face up to the local challenges stemming from demographic tensions. The driving role of municipal FP projects, in particular those undertaken with ISSV and TCI, has also emerged clearly. These cities have successfully mobilised significant domestic and international resources in relation to national commitments in this area, and the involvement of umbrella organisations has played a part in local ownership of the issue.

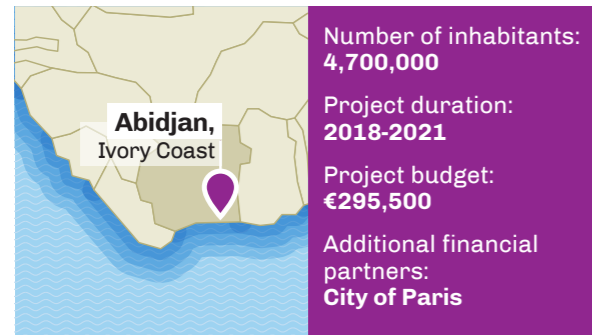
With regard to national advocacy, it was jointly recognised in the different countries that better involvement of local authorities is a necessity in the development, implementation and monitoring of FP policies and programmes, given their advantages in terms of communication to support demand and their skills in community health and outreach.

Based on a documentary survey, supplemented by interviews with the main players involved - the Ministries in charge of health and decentralisation, the local authority umbrella organisations, large cities and national associations working in the health sector - the studies resulted in:

- **A review of the status of decentralisation of the health system in each country, followed by an analysis, with special attention paid to practical implementation, the progress achieved and areas of dysfunctioning encountered.**
- **An identification of short- and medium-term prospects for development, at both the national and local levels.**
- **The production of recommendations and the identification of areas of advocacy for local authorities and their umbrella associations in particular.**

The studies are available on the AIMF's website.

ABIDJAN, IVORY COAST



According to reports from the Ivorian Ministry in charge of National Education published by the Strategic, Planning and Statistics Directorate (DSPS), 4,875 instances of pregnancy were recorded in schools in Ivory Coast during the 2016-2017 school year. These instances of pregnancy occurred mainly in secondary schools (92%), and four Regional Directorates of the National Education, Technical Education and Vocational Training in Abidjan are at the top of the national rankings.

Faced with this worrying situation, the Autonomous District of Abidjan undertook a diagnosis of the situation, which is now the foundation for the project to strengthen family planning and sexual and reproductive health in youth. Drawing on its experience in the fight against HIV, historically conducted in cooperation with the City of Paris, the project has contributed to several campaigns carried out at the national level by the State of Ivory Coast ("Zero pregnancy in schools" campaign by the Directorate of Health and Social Health Works and the National School and University Health Programme) and by non-governmental organisations (AIBEF, Johns Hopkins Center for Communications Program, MESSI).

The intervention zone of the pilot project was limited to two District Municipalities, Attécoubé and Yopougon, and in their territory 26 schools and 22 adjacent school and university health facilities, to develop territorial approaches and networking between health and education players. The project's pillars are: capacity-building in first-level personnel in SRH and FP, to share approaches between professionals to provide guidance and referral for young people; the organisation of information campaigns in secondary schools themselves, facilitating access for specialised partners (health workers, roving clinic of the Ministry of Youth Affairs, civil society), the establishment of dedicated schemes directly in schools; support for school and university health structures with inputs and consumables to better meet the needs of young people; the organisation of campaigns aimed at young people, particularly those not in school, during large-scale socio-cultural events.

The emulation which the project has produced within the territories has made it possible to develop a three-year action plan, guiding public interventions on sexual and reproductive health for youth issues in a sustainable manner. Furthermore, the Autonomous District decided to perpetuate its own FP service offering with the opening of its first dedicated department at the District Hospital.

LEARNINGS

Significant investment in capacity building between health and education staff

The final external evaluation noted major impacts in terms of new knowledge gained by local providers, directly in contact with young people. In addition, these providers have also developed interpersonal skills to improve reception conditions and communication. These training courses were conducted in a cross-disciplinary manner between health workers, educational staff and young educational peers, thereby improving mutual knowledge and networking between stakeholders, and leading to concrete collaboration during school-based campaigns.

The establishment of information, training and service campaigns directly in secondary schools, in connection with the specialised health structures locally

One of the project's distinctive features, enabled by the skills of the Autonomous District of Abidjan, was to organise campaigns directly in secondary schools through cross-communication between trained teachers, civil society players, parents of students and young people, and on-site sexual health benefits, enabled by the mobilisation of the mobile clinic of the Ministry of Youth Affairs in particular. These major socio-cultural events organised regularly in the various secondary schools (generally before the holidays) have brought this discussion to secondary schools, and sustained it with the training for the health clubs managed by the students. They have made it possible to open access to civil society and health organisations for secondary schools, enabling quality relations to develop with young people and teachers.

A partnership dynamic with the competent ministries, district municipalities, schools and civil society

One of the factors identified as essential to the project's success was the strong collaboration with the Ministry of Education (services in charge of the zero pregnancy policy in schools) and the Ministry of Health (services in charge of programmes for the sexual and reproductive health of young people). The project also mobilised the social services of the municipalities of Yopougon and Attécoubé, permanently involved in the theme, and several NGOs including ALLIANCE Ivory Coast, the Association of Midwives of Ivory Coast, AIBEF, ACONDA VS and MESSI. This steady partnership effort has made it possible to gain the skills needed to implement the project activities, and has played a part in recognising the role of the District in coordinating stakeholders, as a contribution to national policies. This dynamic culminated towards the end of the project with the design of a three-year action plan at the District level, involving its partners, and the opening of an FP unit at the District Hospital. The aspiration is to create a cross-cutting sexual health unit modelled on that of the City of Paris, involving multiple players over the long term.

ANTANANARIVO, MADAGASCAR



The Urban Community of Antananarivo (CUA), the capital of Madagascar, has a population of approximately 3.3 million. When it comes to regard to family planning, the situation of young people is particularly worrisome, as Madagascar is ranked among the top 13 countries with the highest prevalence of early pregnancy and adolescent fertility in the world. At the same time, the contraception prevalence rate for women in a relationship remains relatively low (around 35%, including all modern methods, in 2018) and 17.8% of Malagasy women who need to space out or limit births do not use any contraceptive method (national MDG monitoring survey, ENSOMD 2012-2013).

In this context, the Urban Community of Antananarivo is determined to achieve the Sustainable Development Goals in terms of family planning. Currently, the 4 Basic Health Centres (BHCs) managed by the municipality include FP in their minimum activity package and see to product availability. FP is present at social and health events organised by the Urban Community. However, in addition to the lack of human resources, other problems remain, in particular the low number of visits to existing BHCs and the situation of young people, which remains worrying. These two priority issues have prompted the project to develop, first of all, a proximity approach to provide sexual health services to the target groups, and then to direct them to the BHCs (health facilities). In addition, targeted training and information campaigns for the general public have been developed to foster young people's access to SRH.



The project mobilised different types of contributors for the implementation of the activities: i) the teams of the 4 BHCs (43 health workers), which received capacity building and new equipment to improve the quality of services; ii) the municipal health and social action services, the municipal police and various civil society partners (FISA, Mad'Aids, the MMPF, etc.) for "off-grounds" and roving services; iii) 60 community leaders and 12 supervisors deployed by the Municipality in the districts to inform the population and direct it towards health service providers.

Capitalising on the municipality's powers in the area of health and family planning, the project developed innovative local approaches aimed at the general public and target audiences (particularly sex workers), which have been made permanent thanks to the city's own funds. The project also supported the municipality's policy to strengthen its Basic Health Centres, both in terms of facilities and skills, with practical training dedicated to its health service providers. The above refers to the Municipality's engagement, alongside the project, in an ambitious strategy of investment in health infrastructures with the assistance of technical and financial partners, having enabled their rehabilitation and providing for new facilities in its districts in the medium term.

LEARNINGS

Strong political will and specific powers in health, with direct management of public facilities

The CUA is distinctive in that it directly manages 4 Basic Health Centres (CSB II) and their teams. This advantage enabled it to run new policies for "off-grounds" and roving services, placed directly under the responsibility of the Municipality. It made health centre teams available over relatively lengthy periods of time for continuous training to improve their SRH practices. Lastly, these policies have taken on an important role in the functioning of the municipality, with strong political backing and public commitments from the mayor. Under these conditions, the capacity to perpetuate the project's achievements is particularly important.

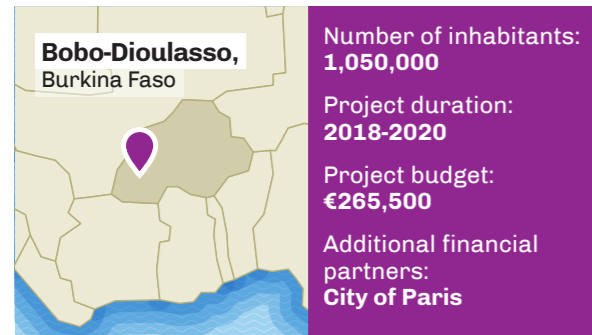
Prominent presence in the neighbourhoods to drive communication initiatives for behavioural change

In each of its 6 districts, the Municipality has deployed teams of community civil servants trained in health prevention. Through initial training, they learned how to prioritise their work with residents on sexual health issues and the fight against Covid-19, two priorities of the project which started in the middle of the first wave of the pandemic. The project has also developed approaches with target audiences, sex workers on the one hand, and students on the other, targeting future paramedics in particular. These initiatives were made possible through the City's capacity for cross-cutting "inter-service" mobilisation, which mobilised in particular the Health and Social Action departments. Lastly, while the pandemic situation has made it necessary to limit the general public events with no medical focus, the Urban Municipality has marked its commitment to the general public by organising celebrations for World Contraception Day, rolled out in its districts and at the City Hall, and produces information and prevention ads.

A policy of free access to "off-grounds" services directly reaching residents, with skills-sharing

Through the initial diagnosis, the CUA identified significant under-use of the health centres, despite socially-adjusted pricing. This is ascribable mainly to the reluctance of part of the population to enter administrative premises. To remedy this situation, the Municipality developed the "health for all" operation, free local care campaigns directly organised in neighbourhoods, under large tents, offering an average of 1,500 services per edition (twice per month except during lockdown). The healthcare offer was designed to be general in order to meet as many needs as possible and attract a diverse audience to the services specifically covered by the project, FP and SRH. These operations, co-financed by the Municipality and made permanent by own-funds, have gradually received the support of a diversity of players pooling this opportunity, with for example associations specialising in the fight against malnutrition, contributing dentists or ophthalmologists, etc. With the assistance of the Municipality's social services and the Police for Public Morality and Protection of Minors of the Ministry of Public Security, a listening and services centre for women has also been offered as a standard feature, making it possible to guide women in the face of their social problems and the situations of violence they suffer.

BOBO-DIOULASSO, BURKINA FASO



The municipality of Bobo-Dioulasso has a total population estimated in 2017 at 1,050,000 inhabitants, projected in some cases to reach almost 2 million inhabitants in 2050 if fertility is not controlled. At the start of the project, the prevalence of contraception remained low in the commune, due to a lack of quality services, visible in particular in the shortages in contraceptive products, the number of infrastructures and the lack of facilities available; the significant social pressures were also identified as major factors in reducing demand. In addition, the phenomenon of early and unwanted pregnancies is particularly widespread in schools, to the point of making it a real concern for education stakeholders and families.

At the municipal level, the city council of Bobo-Dioulasso began to engage on the subject from as early as the 2010s. It was on the basis of these findings that it applied for and secured a funding agreement for the execution of this project to strengthen family planning (FP) and sexual and reproductive health (SRH) in 2018.

The pilot project's intervention zone was limited to ten (10) health facilities (SFs), villages attached to the commune.



The project mobilised different levels of partners for the implementation of activities: i) Four (4) local civil society organisation (CSOs) involved for facilitation and awareness-raising actions; ii) the youth meeting space (ERJ) Dafra and secondary schools for youth activities; iii) specialized NGOs for technical support, such as ABBEF, Marie Stopes International (MSI) and the French Family Planning Movement, and the technical teams of the City of Paris; iv) and the competent decentralised State structures, such as the regional health directorate (DRS), the DS of Do and Dafra.

The project, through the opportunities for contacts and exchanges that it offered to the City Council and its partners, and participation in international meetings, enabled new ties to be developed with technical and financial partners, which led to the commitment to new actions (in particular the continuation of the project with TCI from mid-2020).

LEARNINGS

Strong municipal involvement, enabling advocacy within its municipal council, public stakeholders and opinion leaders

The signing of a charter of commitment at the start of the project, binding local, religious and customary authorities and community leaders, was a major step in formalising their commitment. Their concrete involvement facilitated both the contact with the local communities and the work of the facilitators. The City Council also organised regular meetings to enable discussion with public health players.

Free family planning services and direct support to first-level health facilities

The target populations were given access to a wide range of contraceptive products thanks to the free treatment enabled by the project in the health facilities. Organised ahead of the national timetable, this municipal policy has had a key impact on increasing demand. It also played a significant role in recognising municipal action. As the national policy for free access was rolled out, it established the complementary role of the municipality with regard to the State in the fight against stock shortages and in supporting the equipment of the health facilities.

A high-intensity communication mechanism for behavioural change, involving civil society

The city council took care to draw significantly on the local CSOs for the implementation of communication activities, opening up opportunities for lasting collaboration. By the same token, it mobilised significantly within the project steering bodies, extended after the end of the project. A wide range of activity mechanisms have been put in place (talks, home visits, theatre fora, film-debates, participation in cultural events and local fairs, etc.) making it possible to reach all categories of inhabitants, including men and young people.

The final evaluation successfully identified the qualitative impact of removing certain prejudices as well as in terms of social pressures (weight of religions and customs).

Priority given to youth with dedicated innovative interventions

Within the context of the project, the first walk-in centre for young people to introduce them to FP services was opened at the level of the (municipal) Youth Meeting Centre in Dafra. It was accompanied by awareness-raising sessions and in-school service provision campaigns.

Real and lasting changes in municipal management of FP policy

The City has asserted its desire to make FP an important focus of its local public health policy. It materialised this through a variety of enactments:

- The unanimous vote of the municipal council of the FP line in the budget. From the financial standpoint, the FP line increased from CFAF 5 million in 2017 to CFAF 20 million from 2018, and remained at this level until 2021 after the end of the project.
- The ratification of municipal ordinances for the constitution and institution of the Steering Committee and the project coordination team, strong political support and steering of the high-level project by the mayor and the 2nd deputy mayor, in charge of health.
- Effective mobilisation of various cross-cutting municipal services, and the anchoring of the project system within the municipal institution.
- The mobilisation of new technical and financial partners (UNDP, GIZ, TCI) to extend the municipal policy of promoting FP and SRH.

NATIONAL ASSOCIATION OF BENIN MUNICIPALITIES



Number of inhabitants: 1,650,000 (5 cities)
 Project duration: 2019-2021
 Project budget: €200,400
 Additional financial partners: City of Paris



The National Association of Benin Municipalities (ANCB) is the umbrella structure to the country's 77 municipalities. Committed since 2017 with 12 pilot municipalities on gender mainstreaming in municipal planning documents, the ANCB wishes to step up its mobilisation in favour of women's rights by supporting municipalities in Benin in the implementation of family planning policies. Since 2019, the project has helped strengthen the pioneering municipalities on the subject in Benin, document their experiences and provide substance for national advocacy for an environment conducive to the involvement of cities. The project has also contributed to the commitment of the Beninese Government which, in its new National Budgeted Family Planning Action Plan for the period 2019-2023, aims as a "development objective" to promote the health of populations through an acceleration of the demographic and economic transition and as a "strategic objective" to increase the prevalence rate of modern contraception among women of childbearing age, from 12.4% in 2018 to 21.8% in 2023 throughout Benin.

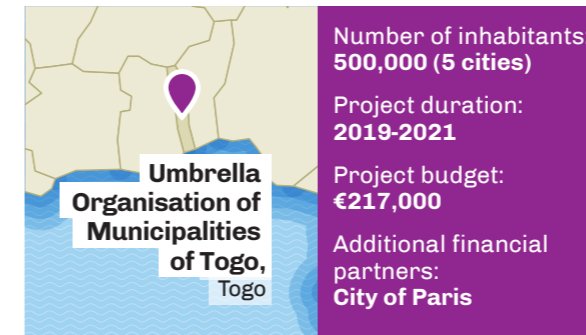
The project has interconnected a national advocacy and communication approach with 5 pilot projects selected on calls for proposals, implemented in the Municipalities of Dogbo (Couffo), Ouessè (Collines), Matéri (Atacora), Nikki (Borgou) and Cotonou (Littoral). It provided for:

- Capacity building for the ANCB and the teams of the 5 pilot municipalities on SRH/FP, with a strong advocacy training component, conducted with Equilibres et Populations.
- Support for the municipalities' budgeted action plans for FP conducted in the 5 pilot municipalities.

- Support for an environment favourable to FP, with nationwide communication campaigns.
- The institution of national advocacy to improve the legislative, institutional and regulatory framework and provision to the municipalities of subsequent resources to finance FP activities.

In terms of advocacy, the project directly mobilised within its steering bodies: the Ministry of Health, the Ministry of Social Affairs and Microfinance, the Ministry of Decentralisation and Local Governance, the Beninese Association for the Promotion of the Family (IPPF) and the Network of Women Elected Councillors. This approach culminated at the end of the project with the organisation of a national workshop, in partnership with the ABPF, to which the sector's main public and associative, national and international stakeholders were invited. It resulted in specific advocacy aimed at the authorities, in particular concerning the implementing decrees of the law on sexual health and reproduction (2003 and amended in 2021) and the financial support of municipalities through the community health Fadec facility for the promotion of Family Planning. These processes, combined with the early engagement of ANCB President Luc Atrokpo on the subject, have opened up concrete opportunities for further ANCB projects with the ABPF and TCI in particular.

UMBRELLA ORGANISATION OF MUNICIPALITIES OF TOGO



Number of inhabitants: 500,000 (5 cities)
 Project duration: 2019-2021
 Project budget: €217,000
 Additional financial partners: City of Paris



In Togolese municipalities, the under-use of FP/RH methods is mainly due to the lack of awareness in the population in general and among women in particular about the importance of family planning and its positive impact on maternal and child health. Some women do not indicate a desire to use FP due to lack of concern, lack of knowledge of the practice or fear of side effects; furthermore, a lack of involvement on the part of men is to be noted.

In the face of this observation, the project interconnects the activities carried out by the City of Tsévié (Zio 1) on its territory and those of the Umbrella Organisation of Municipalities of Togo (FCT), towards all its members and more particularly of the Region's principal municipalities (Atakpamé, Kara, Dapaong, Sokodé). It was designed in line with the broad directions set out by the Ministry of Health in the new National Health Development Plan of Togo (PNDS 2016-2022) and in line with the National Family Planning Budgeted Plan 2017-2022 of Togo, developed within the framework of the Ouagadougou partnership.

The targets selected for this project are the inhabitants of the intervention cities, of both sexes, aged 15 to 49 years. The main activities consisted of raising awareness and mobilising urban players on FP and SRH, in order to increase the demand for FP and SRH services in the territories of the 5 cities, by integrating approaches adapted to young people, and to capitalise on the project's achievements, which could be replicated at the national level, with a view to encouraging the commitment of the 117 Togolese municipalities. The field impact activities were carried out mainly in the commune of Tsévié,

with the 4 extension municipalities being accompanied in the development of pilot municipal FP action plans, and targeted by the umbrella organisation's national communication campaigns. The 5 Municipalities are also stakeholders in national advocacy aimed at improving functional relations between State players (central and decentralised) and local authorities in terms of FP, and encouraging the involvement of their peers at the head of local executives.

The FCT pilot project has made it possible to establish lasting partnerships with the Network of Champions in Advocacy for Adequate Health Financing, to support the development of municipal budgets dedicated to health; and with the Togolese Association for Family Well-Being (IPPF), to provide technical support for the implementation of these health budgets within municipal policies. It is part of the gender-sensitive approach adopted by the new umbrella organisation, created following the establishment of the 117 municipalities with elected executive powers (2020) and which will be supported from the moment they take office. The FCT is headed by the Mayor of Atakpamé, Yawa Kouigan, who is strongly committed to these issues and in particular to the Togolese section of the network of female local elected officials in Africa (REFELA).

KEYS TO THE SUCCESS OF UMBRELLA ORGANISATIONS' PROJECTS

Support for the integration of FP provided by specialists in territorial governance

Led by local elected representatives from Benin and Togo, the role of the ANCB and the FCT is to support the decentralisation process by strengthening the capacities of municipalities and making their voice heard at the national level. This unique position has enabled them to integrate FP at key stages in the functioning of local authorities, in particular in the monitoring and implementation of Municipal Development Plans (MDPs), in connection with other related approaches (such as gender mainstreaming in MDPs).

The support they provide to municipal executive powers and teams in tracking legal and regulatory developments also gives them a key role in improving proficiency in the transferred health-related powers, particularly FP. The umbrella associations have thus naturally given a significant place to advocacy activities within the framework of their projects, enjoying a unique position with the cities and national players.

Lastly, by selecting pilot municipalities, the umbrella organisations have enabled the concrete implementation of local FP promotion strategies. Conducted in accordance with the priorities of each territory based on the diagnostic reviews, they were implemented with the mobilisation of civil society. These hands-on experiences have given municipalities priorities, tools and partners for continuing their commitment in this area, fostering the execution of dedicated lines within their municipal budgets.

National-level partnerships with the main players in FP to ensure good understanding of the issues at the local level

Due to their national position, the umbrella organisations were able to mobilise the main players connected with the development of FP: The Ministries in charge at the centralised and deconcentrated levels, technical and financial partners, and civil society. Where the Ministries are concerned, this inclusion makes it possible to improve the representation of cities in the design and implementation of national policies, all the way to the deconcentrated level, with commitment to their inclusion in the local monitoring committees for pilot projects. The work carried out with the technical and financial partners has enabled progress on new post-project partnership phases. Lastly, the inclusion of civil society, in both cases with framework partnerships established with the national representatives of the IPPF, has enabled the pilot cities to have access to technical expertise for the implementation of their strategies.

Information campaigns conducted on a national scale, with messages tailored to the territories

In Benin and Togo, the umbrella organisations conducted information campaigns in partnership with media, and produced standardized materials and messages. These tools were deployed nationwide with attention paid to local adaptation, in particular with translation into local languages and dialects, and the mobilisation of local media such as community radio stations. These approaches, coordinated at the national level, made it possible to ensure consistency in communication and greater visibility for the role of municipalities in terms of FP.



03

Emergency Preparedness

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03.01

Faced with the increase of climatic disasters, the need to prepare for emergency situations

From 2000 to 2019, 7,348 major disasters were recorded worldwide, resulting in the death of 1.23 million people, affecting the lives of 4.2 billion others and causing nearly 3 billion dollars in economic losses. This represents a dramatic increase compared to the period 1980-1999, when 4,212 disasters were recorded. It is mainly attributable to the increase in the number of climatic disasters, in particular major floods, which more than doubled between the two periods (UN report "The Human Cost of Disasters", 2019¹). Moreover, since 2020, the coronavirus pandemic has impacted the lives of the world's population and led to the deaths of several million people (6 to 8 million worldwide according to the WHO estimate of May 2021²).

Urbanisation has added complexity to the responses needed to both types of disaster. Firstly, insofar as people and assets are concentrated in dense areas, a single disaster can have a manifold impact, posing major challenges in organising society in times of pandemics. Second, when rapid and little-controlled, urbanisation implies a proliferation of localised disasters, such as chronic flooding, which then result in human and economic losses and permanently limit development capacities, in particular of the most vulnerable population groups.

In this context, a major shift was brought about in the world of humanitarian aid with the new priority of localisation, the focus of international commitments as part of the Grand Bargain at the

World Humanitarian Summit in May 2016. The localisation of humanitarian aid is the process of bringing local actors back to the centre of the humanitarian system, with a growing role in humanitarian response. In this context, the role of the local authorities has gradually been recognised in disaster management strategies, legitimising, encouraging and framing the traditional role of cities in supporting the territories affected, in particular, by circumscribed crises, which mobilise to a relatively small extent the national and international intervention scales. The role of front-line cities in managing the social and economic consequences of the Covid-19 pandemic has also been a catalyst for recognising their responsibilities and capacity for action in emergency situations.

In the face of such developments, preparedness, which consists of forecasting and anticipating probable crises, becomes a priority for the local authorities. It differs from prevention, which often implies massive investments, or even permanent displacement of populations, and from the emergency response itself. This implies developing effective, flexible and replicable systems for coordinating the stakeholders involved, issuing alerts and managing populations, in such a way as to improve the response in times of crisis.

¹ <https://www.undrr.org/publication/human-cost-disasters-overview-last-20-years-2000-2019>

² https://www.lemonde.fr/planete/article/2021/05/21/Covid-19-dans-le-monde-le-bresil-a-detecte-des-premiers-cas-de-variant-indien_6080956_3244.html

03.02 The working process

This component of the ISSV was aimed at providing member municipalities with appropriate methodologies and guidelines for assessing and improving their emergency preparedness capabilities.

Two pilot cities were selected based on their political will to take action and their context, found to be conducive to the replication of the models developed: Phnom Penh (Cambodia) and Yaoundé (Cameroon). Integrated into the development of municipal sanitation strategies, the pilot projects in Phnom Penh and Yaoundé are aimed at improving the coordination of and building capacity for local stakeholders in preparing for the emergency situations caused by floods. They have enabled capacity-building in the cities, positioned as leaders in the collaboration between local players, and the sharing of information and responsibilities in the area of emergency management. They focused on floods, which are recurrent and predictable risks that particularly mobilise the municipalities in these powers.

These cities were thus assisted by experts to diagnose their respective risk situations, their response capacities, and to develop action plans involving all stakeholders in order to ensure emergency preparedness and to reduce their impact on local development as much as possible. They consequently mobilised a wide range of emergency response players, working together in dedicated ad hoc spaces, and adopted budgeted municipal preparedness strategies in accordance with national guidelines and standards. With the global Covid-19 crisis, additional emergency assistance components were added to the projects, making it possible to test the coordination tools and platforms put in place for flood management.

The process initiated by these two cities was capitalised on in two guides. The first, aimed at cities in Cameroon, is designed to support the devolution process in the cities where emergency preparedness is concerned. It was widely rolled out in conjunction with the umbrella association of Cameroonian municipalities (Communes et Villes Unies du Cameroun). The second, aimed at the cities of Cambodia and South-East Asia, was the focus of a presentation and discussion between the Member Cities.

At the same time, the AIMF was eagerly called upon by the cities of the network to support their emergency preparedness and response strategies to the socio-economic consequences of the pandemic. AIMF responded by mobilising its funds and new technical partnerships to gradually share methods, practices and standards, as the strategies emerged around the world. This context, combined with the pilot processes set in motion by Phnom Penh and Yaoundé, played an important part in helping position cities on these issues and raise awareness of their responsibilities and expertise in this area.

03.03 Lessons learned

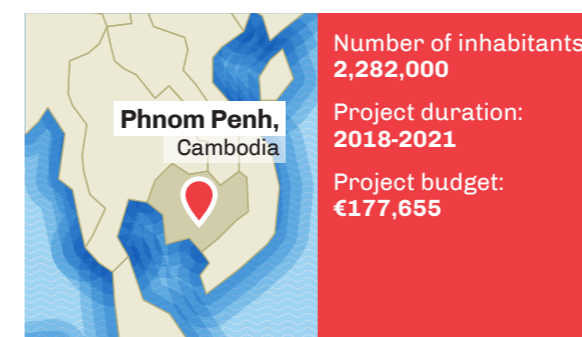
- Emergency preparedness is a complex subject to deal with because it is by definition set before a hypothetical event and therefore generally not a priority in the players' agenda. In addition, it involves anticipatory actions and regular coordination.
- Yet the urban territories are frequently faced with emergency situations, such as floods, natural disasters and pandemics, which in everyday reality involve a multitude of players (central State, local authorities, associations, private sector) in their management at the time they occur.
- To cope with this contradiction between the time of intense mobilisation in times of crisis and the reduced level of priority in its absence in (normal) times, a culture of risk and anticipation needs to be created between stakeholders involved.
- The experience of the pilot projects shows the importance of seizing the opportunity offered by periods of crisis to initiate this preparation work, while keeping up the momentum of the response to sustain the players' commitment. The AIMF's ability to make its own funds available in order to support cities during emergencies proved to be a catalyst in the continuation of preparedness projects, whether in terms of stakeholder involvement or securing recognition for the legitimacy and capacity of cities to work on emergency management.
- The experience reported by the pilot projects and the AIMF network suggests a change of paradigm caused by the Covid-19 pandemic, with cities being on the front lines to manage its concrete consequences beyond health care: lockdown, social distancing and rotation of uses for land and public services; emergency humanitarian support (including food) and support for the local economy (in particular the informal economy); maintenance of essential public services and protection for the teams and users, etc. This situation, still ongoing, has been mobilising the local municipal and executive teams since 2020 at various levels and surely has an impact on the risk culture overall. At the level of the AIMF network, the Covid crisis has brought about a substantial increase in requests to the Permanent Secretariat from cities seeking assistance in their response measures and especially preparedness, between peaks in the epidemic.
- These observations shed light on the added value of an emergency response carried by the municipalities, which are more cross-cutting, more easily mobilising multiple types of intervention and specialities from different players at the same time, and territorialised, providing a local-level response complementary to the schemes steered by the central State.
- The pilot projects also helped better identify the needs of municipalities. While crises are usually managed at a high level, the cities rarely have dedicated emergency management services, with trained staff. There thus exists a real need for specialised technical assistance and capacity-building at the sectoral level and especially in the French language.

03.04 Recommendations

- To support the willingness of all stakeholders to become involved in emergency preparedness, it is recommended that the **recurring risks in urban areas**, such as **floods** (an increasingly-frequent phenomenon due to climate change and urbanisation) be targeted, so as to ensure that the preparedness work concerns events:
 - that will occur in the **near and palpable future**;
 - **foreseeable in terms of territories and time** of the year, facilitating preparedness;
 - which directly concern local authorities in their **own powers**, sanitation, land use and social action (connected with post-crisis recovery) being the almost-universal powers of the local authorities.
- Given the political sensitivity of the subjects raised during diagnoses of emergency situations, in particular in terms of land occupancy and the resilience of territories in the face of climate change, it seems useful to **technicise the subject** around short/medium-term preparation solutions, rather than intervening on prevention, a subject encompassing multiple long-term and large-scale dimensions that do not call for immediate action. In this context, it is also recommended that **preparedness projects be territorialised**, to test new practices on a reduced scale, where change is more easily implemented and perceptible.
- Given the impact of the municipal programmes for managing the Covid-19 pandemic on the success of the pilot projects, which have made it possible to test the coordination mechanisms and engage players around the cities in the management of an ongoing crisis, it is recommended to provide in the preparation projects for **funds that can also be mobilised to support responses**.
- The **flexibility** of the pilot preparedness projects has been recognised by the partners as a key success factor. Building from clear objectives and precise methodologies, this type of project gains from giving way to unforeseen interventions, dictated by the emergency context when it arises, to ensure that they are rooted in the **priorities of local players**. This aspect is essential to sustain **political will** over time.
- Between periods of crisis, the organisation of **exercises** and **simulations** plays an essential part in testing the systems in real-life conditions, initiating a concrete improvement process anchored in the practices of players, and keeping up momentum in the coordination process.
- The preliminary diagnostic phases must explicitly identify the **municipal powers involved** in emergency preparedness and management, and identify the legal frameworks that organise the involvement of local authorities on this theme in partnership with the State.
- Once identified for a pilot city, these **lessons must be shared** with the other the municipalities of the countries concerned to improve their knowledge of the issues at stake, the tools available at the national level and to support cities in **taking ownership of their transferred skills**.
- Beyond the associative sector, traditionally mobilised in emergency responses, the involvement of the **media** and the **private sector** in preparedness can play an essential part in improving the early warning systems (including evacuation) and reducing the damage suffered.
- The **multi-sector** approach to preparedness projects, facilitated by the general skills of local authorities, and attention to **governance** issues are all major success factors.

PROJECTS SHEETS

PHNOM PENH, CAMBODIA



Cambodia is considered one of the Asian countries most vulnerable to disasters, and in particular to floods. Most of the city of Phnom Penh, including the *Khans* (Districts) of Dangkor, Por Senchey, Kambol and Chbar Ampov, has been severely affected by the historic 2020 floods. In response to these challenges, the City of Phnom Penh partnered with the International Association of Francophone Mayors (AIMF) and the Bill and Melinda Gates Foundation to implement the emergency preparedness project in 2018. The project is aimed at providing capacity-building to Phnom Penh Municipality officials for emergency preparedness and response in all situations, including natural disasters and Covid-19.

With respect to the floods and following an initial diagnosis, the project was divided into four main activities. First of all, it focused on capacity-building in the teams, by organising training workshops and linking the project to existing planning to ensure effective implementation. Secondly, he designed the 2021 Phnom Penh Contingency Plan, tailored into plans on the scale of the 3 *Khans* (districts) most vulnerable to flooding. Thirdly, the project enabled the sharing of the "Early Warning System 1294" across Phnom Penh. This system is a code useable by those within to register for free voice messaging. It makes it possible to warn the populations in advance of natural risks ahead for their communities. To contribute to extending its potential, the project trained the relevant officials in the *Khans*, spread information across the *Sangkats* (districts), and introduced municipal management of the system under the administration of the capital, Phnom Penh. Fourthly, the project initiated the implementation of budgeted recommendations on emergency equipment, with an initial endowment campaign to support the implementation of the strategies. This makes it possible both to address the initial needs and bolster the *Khans'* emergency equipment, by mobilising domestic and international resources.

With regard to the component dedicated to Covid-19, its implementation was integrated into the project (although funded by specific emergency assistance from the AIMF). Once the resources of health centres, hospitals and, in particular, the Department of Health in Phnom Penh were all identified, a diagnosis of unmet needs was carried out and three main activities were undertaken. The priority, upstream from the first community outbreaks, was to train the technical managers and health staff, and in particular, the rapid response teams. In addition, the project served as the opportunity to pre-position equipment in hospitals: information posters about PPE-wearing, containers of medical and disinfection equipment, oxygen concentrators, etc. Subsequently, the quarantine and vaccination centres were given direct support. Lastly far-reaching information and awareness campaigns were conducted to reduce the risk of infection, with the promotion of virus-halting measures in various media, on the social media and public places.

The emergency preparedness plan in Phnom Penh has thus enabled the city to have a contingency plan in line with the latest national and international standards, accompanied by implementation tools and regular updates. This process directly involved the districts identified as high-priority with respect to flood risks, developing a localisation approach, and included schemes for mobilising domestic resources. The city has started implementation of its preparedness measures for the 2021 floods, and demonstrated its effectiveness at the start of the Covid-19 pandemic. The project as a whole has lastingly improved the City's preparedness capacity, as well as its role and legitimacy in disaster management bodies.

PROJECTS SHEETS

YAOUNDÉ, CAMEROON



Number of inhabitants:
3,500,000

Project duration:
2019-2021

Project budget:
€317,600



The Yaoundé Urban Community (YUC) must cope with recurrent flooding (3 per year on average) that destroys housing and pollutes the water table (rugged terrain, hydraulic network formed of the Mfoundi River and 11 tributaries, rainfall of 2,000 mm/year). Moreover, while several major infrastructure interventions are underway with the support of the French Development Agency and the African Development Bank to prevent flooding, at the time the project started, no organisational study had yet been conducted to prepare the response at local level. Thus supporting and complementing the work carried out by the YUC on infrastructure, the project's aim was to equip the city with preparedness tools for the recurring crisis situations faced by its territory and to promote complementarities between the players involved, in particular by stepping up the coordination and effectiveness of the action of the authorities on the territory.

It consisted partly of developing a shared diagnosis of the risks in the municipal territories and stepping up coordination between local actors in charge of managing them. A space for ad hoc coordination was created between the YUC and the main public-sector and association-based stakeholders in emergency response to conduct this work, agree on responsibility-sharing modes and priority areas for strengthening the preparation to be conducted. This process, which featured exercises and simulations, led to the development of a municipal preparedness strategy, with a budgeted action plan for 2035, which includes:

- Setting up an early warning system for floods: strengthening the resources of the public meteorological and hydrological services, setting up a flood warning system, updating the mapping of hydrographic networks and areas at risk.
- Setting up a permanent crisis management system within the YUC: forming the team, training, administrative and budgetary sustainability

- Stepping up flood risk prevention: analysis of the impact of floods, reporting and awareness-raising for the public authorities and community representatives, implementation of exercises, strengthening of logistics and pre-positioning.
- Setting up institutional frameworks that facilitate flood management: pooling the resources between emergency responders, and setting up a reliable communication system between response providers.
- Improving the sanitation system: developing the drainage and maintenance network for the sanitation facilities and waterways, construction of new facilities, stepping up inspections on land occupancy, and coordinating operational skills with MINDHU and MINDCAF.

In parallel, the Covid-19 pandemic started during the implementation of the project, sparking the YUC to mobilise its Cooperation Space for the development of its dedicated municipal strategy, including in particular work to raise awareness and protect public spaces.

Within the framework of the project, the Yaoundé Urban Community developed an operational action plan within its Cooperation Space dedicated to emergencies. Incorporated into the strategic priorities and ongoing programmes dedicated to sanitation, it is part of the city's future "Community Plan for Risk Prevention and Emergency Response", a new mechanism by which the Cameroonian municipalities will implement their transferred powers in matters of emergency. As the production of these municipal plans is gradually spreading across Cameroon, in line with the guidelines of the new General Code of Regional and Local Authorities (2019), the Yaoundé experience has been capitalised in the form of a guide for cities in Cameroon. The latter was widely circulated, in conjunction with the Association of Municipalities and United Cities of Cameroon on Municipalities Day 2021.

PROJECTS SHEETS

KEYS TO THE SUCCESS OF MUNICIPAL EMERGENCY PREPAREDNESS PROJECTS

The explicit powers of cities in emergency management are an asset in developing preparedness approaches

In the two projects, the targeted municipalities, both capitals, have powers with respect to preparedness and national frameworks to step up their emergency policies. In the case of Phnom Penh, the Law on Disaster Management (2015) has made the establishment of disaster management committees the standard at the local level, while in Yaoundé, the General Code of Regional and Local Authorities gives jurisdiction to draw up and implement specific municipal plans for risk prevention and emergency response in the event of disasters. These legislative changes have confirmed the traditional role of emergency response municipalities on its soil, consistent with the general powers to promote urban development and, in the case of floods, with regard to sanitation. However, they also confirmed the legal framework for involvement in preparedness, a new thematic area that implies specific capacity-building. The implementation of projects was thus enabled by the municipalities' permanent teams, already mobilised in emergency management, with strong political support, given the issues raised.

Robust multi-stakeholder coordination models for effective responsibility-sharing and communication

Crisis and emergency management is part of a multi-partner, cross-functional and multi-stakeholder approach requiring the creation of long-term consultation and exchange frameworks to ensure the effectiveness of the actions undertaken. In both cases, the cooperation and coordination processes for preparedness stakeholders were initiated by the local authority, which has the credibility and leadership needed to involve other organisations.

The development of practical, quantified and territorialised strategies

The plans developed by the two cities included regional risk profiles, the development of operational preparedness scenarios and procedures, emergency response and recovery. Quantified recommendations for their implementation have been developed, and priorities already implemented as part of the pilot projects to foster the triggering of change. These plans are also endowed with practical tools to facilitate their application: coordination procedures, communication and alert systems, and the updating of key data in the territory.

Lastly, they specified the resources available and processes for mobilising domestic and international resources to ensure its implementation in the short and longer term.

04

Fecal Sludge Management

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04.01

The fecal sludge sector: new approaches and solutions to cope with health and sanitation issues

In spite of the efforts undertaken for several decades, too few urban areas in developing countries have effective, affordable and sustainable sanitation systems. The figures are alarming: access to sanitation services is a human right, and yet more than 60% of the world's population cannot access it. 1.8 billion people around the world consume water contaminated by faecal material, and more than 80% of the wastewater generated by human activity across the world is discharged into nature without treatment.

In the absence of sustainable solutions for sludge disposal and treatment, latrine emptying is carried out in conditions that are dangerous for operators and the population. The sludge dumped into nature is thus a major problem for health and the environment.

With their exponential growth rates and socio-economic constraints, developing cities have to deal with a specific set of problems. It is vital to devise innovative, less costly and more environmentally friendly solutions.

Sewer based systems developed in Northern countries is particularly costly in terms of investments and operation; it results in pressure on resources, particularly water and energy moreover, it is unsuited to rapid urban growth, which is difficult to control and extending into peri-urban areas.

The widespread application of this model, in particular for the poorest populations, is not a realistic option. Conversely, the development of this solution for certain neighbourhoods makes the exclusion and inequalities in urban areas even more striking.

In spite of these observations, which are shared by professionals in the sector, the sewer based model is still the one which developing States and cities are planning to adopt. The major international donors, in response to requests from governments, substantially finance studies and investments in order to equip urban areas with collective sanitation systems.

Advocacy is needed with respect to the States, the cities themselves and the donors, so that the resources allocated to the sanitation sector are also dedicated to on-site sanitation: fecal sludge management is an adapted and pragmatic solution to sanitation issues. It is estimated that these solutions cost, in general, 10 times less than the alternative of mains drainage with a station; The aim is to respond to needs on the basis of existing formal and informal sewerage sectors, rather than seeking to replace them by importing a model conceived of in the developed countries.

In this area, developing cities have the opportunity to be pioneers in finding innovative, decentralised and flexible sanitation solutions. New technologies and the skills associated with them need to be created, so that the cities of the South become leaders in this area.

Working on the fecal sludge sector implies addressing two issues:

1. Improving the health and living conditions of residents by producing an impact on urban health;
3. Developing an endogenous, labour-intensive sector that cannot be outsourced.

Prompted to do so by its members, the AIMF took an interest in the fecal sludge sector in 2013 by investing in the first project to structure and manage the sector in Vientiane, the capital of Laos and Mahajanga, Madagascar.

04.02 The working process

From 2017 on, within the framework of the ISSV, 8 cities were selected for their political will, their sectoral environment and their partnership landscape. They were identified on the basis of exploratory missions and supported in an initial phase of engagement including FSM planning and strategy, the regulatory framework, reinforcement for municipal services, and fund-raising for investments.

This first phase, depending on the context, was carried out in stages and involved:

- carrying out a *diagnosis of the sector*, including zoning of sanitation facilities, characterising fecal sludge, analysing the stakeholder groups (public, private and third sector), and reviewing the organisational, financial and institutional scheme of the current fecal sludge management scheme,
- producing *operational and practical strategic tools*, including a costed, prioritised and territorial action plan, an investment plan, monitoring and follow-up tools and indicators, producing a proposal for the organisation of municipal services for implementation

- a *municipal commitment*, the start of a dialogue with the waste emptiers, the structuring and training of municipal teams.

In Yaounde, this work continued with the implementation of an investment phase, to which the ISSV fund contributed.

This enabled the construction of the first FSTP in the city of Yaoundé and two innovative public toilets, the development of the private drainage sector, the establishment of local regulation in conjunction with the Ministry of the Environment and the increase in household access to improved sanitation.



04.03 Key results in figures



The FSM pilot projects reach a combined population of approximately **11.5 million**



1 FSTP and two innovative operational toilets



More than 380 municipal and national technicians, local elected officials, experts and private sector partners participated in strategy formulation workshops



4 projects funded and underway for the operational implementation of the strategy



Content production, network coordination and communication related to FSM between 2017 and 2021



Leverage effect and financial commitments (agreements signed) From an initial grant of \$1.69m from the Foundation for the implementation of 8 pilot projects, **the AIMF and its partners raised \$11.25m in 5 years.**



Direct impact on the cities of the AIMF network and on **the emergence of the FSM theme:** 20 requests from network cities to intervene on FSM between 2017 and 2021, compared to 3 received between 2012 and 2016



8 FSM municipal strategies designed and formalised



A major contribution from decentralised cooperation **72%** of the total budget of the amounts raised for the 8 pilot cities comes from decentralised cooperation Pilot Cities in the South, Water Agencies and Interdepartmental Union, Francophone Cities in the North and AIMF).

04.04 Lessons learned

- Commitment and political will are essential. For this reason, the choice of the places of intervention must take into account the will and motivation of the executive powers, beyond the sectoral and partnership environment.
- Tailored strategies, guided by the choices of the local executive powers and with an operational focus, must be assisted and supported.
- The strategies developed should be implemented at the earliest possible date, in particular through pilot projects: the completion of quantified studies and the implementation of pilot projects are an integral part of the advocacy process in favour of the sector, especially when the theme is little or not at all known at the national and/or local level.
- Concurrently, more in-depth planning processes can be conducted to anchor actions in a long-term dynamic. In all cases, the adoption of strategies/action plans or programming documents must be formalised via official processes. It is also important to ensure that the local autonomous sanitation strategies are integrated into the existing sanitation strategies and master plans at the various territorial levels.
- Institutional work involves incompressible periods of time due to the administrative system of the communities. On average, 1 to 2 years should be allowed for the study phases and it should be ensured that city staff is directly involved in these processes. Considerations on how to permanently secure competent personnel within the local authorities must be integrated from the start of the study phases.
- The skills of elected representatives should be strengthened through peer-to-peer experience sharing.
- Municipalities hold added value, especially in that they are the relevant scale for dialogue with emptiers; the cities also have the advantage of being able to support implementation processes that are comparatively accelerated and shortened.
- Investment should always be included in the projects: the local elected officials expect credible and concrete solutions on the ground.
- There is a need for specialised technical assistance and capacity building at the sectoral level and especially in the French language.
- There is significant potential for mobilising domestic resources and donors alternative to the WASH sector. In particular, becoming part of decentralised cooperation processes already underway is a factor for the success and sustainability of the achievements.
- The knock-on effect was successfully demonstrated, with the mobilisation of a generalist network of local authorities, not specialised in WASH.
- The multi-sectoral approach and attention to governance issues are major success factors, as was shown in the context of the Covid crisis.
- The sludge treatment technique should be chosen based on the local authority's priorities.

04.04 Lessons learned

The international seminar of Francophone cities, held in Yaoundé in December 2022, adopted final principles based on the experience of cities and discussions between them.

- In a logic of accountability of local authorities and service to the populations, the management of the FSM sector and treatment facilities **are above all a means to improve urban hygiene and public health.**
- **FSM** must be explicitly taken into account in the **sanitation master plans** of developing cities, considering the massive predominance of on-site sanitation.
- **The territorial organisation** of FSM services is an essential issue. Administrative entities such as intermunicipality, associations of cities etc. prove particularly relevant. This approach should also take into account watersheds.
- **Specific approaches aimed at the poorest populations** should be deployed, all the while working on access for households and on structuring the sector. Ad hoc financing mechanisms should also be developed.

- Shared innovations:

- **Technological innovation.** The truck tracking system implemented in Yaoundé is a major innovation and should be encouraged where emptying operations are frequent.
- **Innovation in the sludge treatment process.** All the cities involved want robust technologies that are easy to operate and inexpensive in terms of operation and maintenance, despite the land constraints which they may entail. The cities agree that the principle of sustainability must take precedence. While the cities do pay attention to innovations, feedbacks are needed, particularly so that they can apply these in contexts where operating capacities are not yet proven.
- **Innovative technologies can also be used in the organisation of services and governance:** working mechanisms for the support of the private sector (guarantees for the renewal of trucks in Yaoundé; implementation of a social emptying programme by the private operator of the station in Siem Reap; consolidation of the service on a territorial basis – Sycome).
- **Preserving gains and taking sustainable action:** hiring staff dedicated to GBV within the staffing structure of town halls, and keeping them there for the long term, is essential to safeguard the gains from projects and the sector's sustained development.

04.05 Recommendations

- **Decentralised cooperation between territories**, from the south and the north, is a major catalyst for technical and financial support, and a guarantee of sustainability for the actions taken.
- **Ad hoc solutions should be developed for each city and each territory, tailored to their specificities**, in particular according to the types of players involved (national offices, public utilities, emptier associations, etc.).
- **FSM remains a new field of action for cities. The pilot project approach is already demonstrating its effectiveness in:**
 - raising additional funds;
 - enabling substantial capacity-building for cities;
 - making cities credible as legitimate players in the sanitation sector.
- **The Cities participating want the AIMF to continue its efforts to support cities, in particular on pilot experiments and capacity building and exchanges between peers.**

More specific recommendations for the AIMF regarding the conduct of action in favour of the sanitation sector were produced during the workshops. It should be noted that the main obstacles and blockages encountered by the cities were, in order of priority:

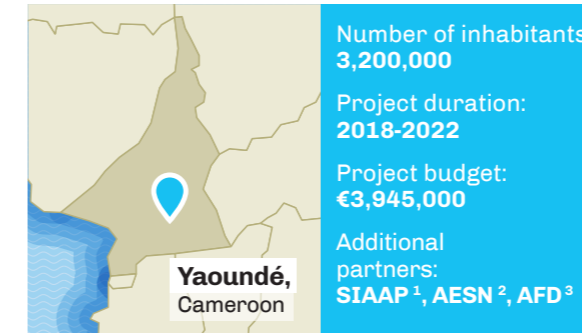
1. Financial
2. Political (pertaining to decentralisation and skills sharing)
3. Connected with technical monitoring (challenge of qualified personnel)

The priorities listed for continuing network efforts are

1. Concrete support for pilot projects
2. Capacity building and experience-sharing between cities
3. Networking with partners/donors in the sector

PROJECTS SHEETS

YAOUNDÉ, CAMEROON

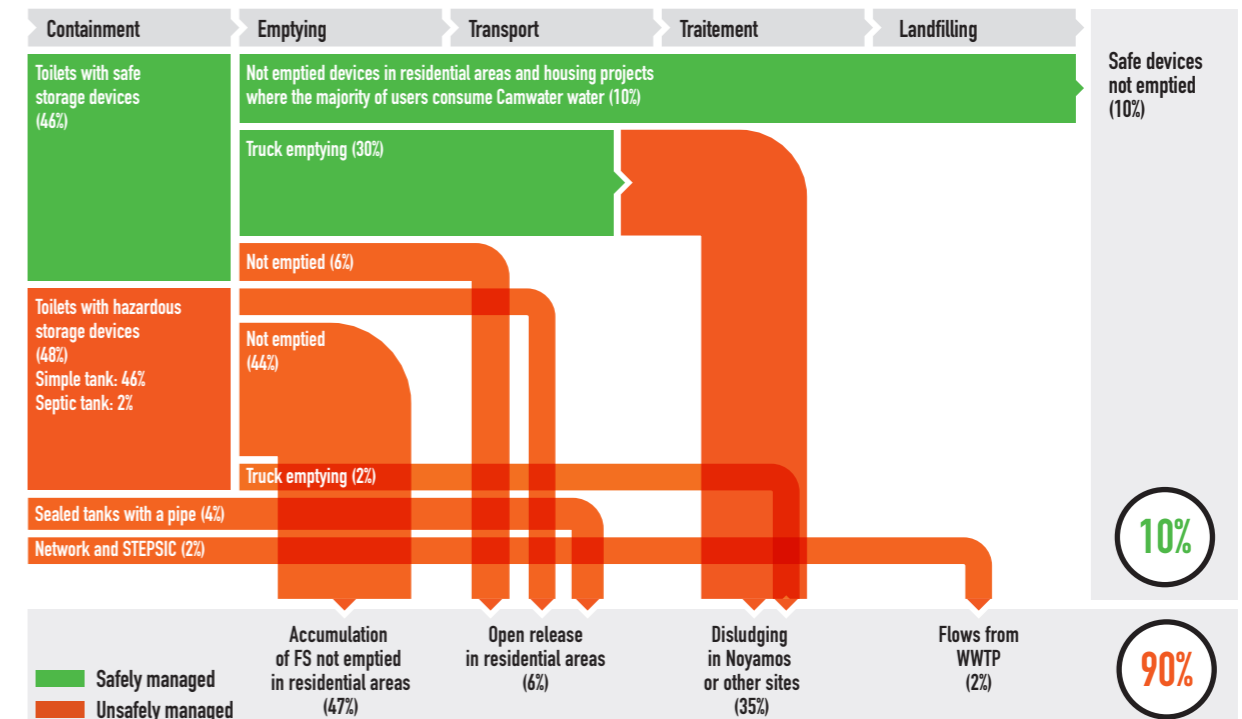


The city of Yaoundé, the capital of Cameroon, had a population of over 3 million in 2021. The population is projected to grow to about 5 million within 10 years. Though the sanitation master plan was revised in 2005 and provided in large part for the construction of wastewater collection networks, the collective sanitation services have not been able to develop due to lack of funding. As a result, 98% of the sanitation in the region is onsite, as is the case in most of the region's metropolises.

Emptying services, provided by the private sector, are made difficult by the age of the trucks, the poor quality of the roads, the lack of supervision of the service and the absence of treatment sites. The emptying services offered in the city are not accessible and used by all (design and use of structures unsuited to households, inadequate access to the facilities for the emptiers, capacity and willingness to pay lower than the rates offered).

Some of the emptiers used to dump their sludge on the private site of Noyamos outside the south-western boundary of the town in the commune of Mbankomo. This dumping, tolerated by the public authorities of the municipality, were carried out in return for the payment of a fee by the emptiers, without any treatment being applied to the sludge. Sludge recovery was carried out informally and unchecked: until then, farmers would divert the sludge flows to irrigate and fertilise their crops. According to the design study of the fecal sludge treatment plant, a metering campaign showed the estimated volumes dumped as amounting to approximately 216 m³/d. Peak values of 400 m³/d dumped at this site are also listed in this document.

Yaoundé's SFD, 2019



¹ SIAAP : Syndicat interdépartemental pour l'assainissement de l'agglomération parisienne

² AESN : Agence de l'eau Seine-Normandie

³ AFD : Agence française de développement

PROJECTS SHEETS

YAOUNDÉ,
CAMEROON

Given the size of the city and the overwhelming proportion of onsite sanitation, the total volume of sludge emptied is greater than the volumes recorded at the Nomayos site. These non-recorded volumes are also discharged untreated but in a totally uncontrolled manner into “low-lying areas”, flood-prone areas, and waterways. In order to be able to “use safely managed sanitation services” in the sense of the SDGs (Indicator 6.2.1), these populations should be able to access these emptying services, supplemented by adequate treatment.

This difficulty in accessing emptying services also applies to the public toilets managed by the city, the management authorities of which are struggling to finance the operation and maintenance, including the emptying of the sludge produced.

In general, the inhabitants of Yaoundé, and particularly those living in working-class neighbourhoods, are thus faced with a significant health risk.

For several years now, the city of Yaoundé, with the support of the government, has been making significant investments in urban sanitation. In December 2017, it joined the Initiative for Health and Hygiene in Cities (ISSV), becoming the first pilot city for the Fecal Sludge Management (FSM) component, to initiate and implement a strategy specific to this sector.

The project, complex in its desire to initiate thinking specifically about onsite sanitation, still absent at the level of the sub-region, opted for a progressive approach with the aim of taking “a first concrete step towards the implementation of a sanitation strategy tailored to the city and in increasing in skills in the sector. It lays down a fundamental basis for the extension, in the medium-term, of wastewater and excreta management in the city.

The project addressed all the links in the sector's value chain, in relation with the powers of the city of Yaoundé. These included: access – through work on public toilets; collection and transport – through structuring of dialogue with the private sector and regulations; treatment – through the construction and commissioning of the city's first treatment plant; and recovery – with initial consideration of the reuse of hygienised sludge in agriculture.

The related investment and support package was complemented by framework conditions and capacity building objectives.

Project achievements

- **Development of a municipal strategy for on-site sanitation (PAMAP).**

The municipal strategy for on-site sanitation and the FSM sector was designed to give the YUC a first strategic tool tailored to the context and which responds to the reality of the sector. The document covers the entire FSM service chain and spans a period of ten years (2020-2029). This new municipal strategy lists lines of action for fostering access to safe sanitation services for the poorest households, and contributes to defining public strategic aims conducive to the development of emptying services and giving more visibility to entrepreneurs.

The strategy has also resulted in the development of a GIS dedicated to on-site sanitation, which can be updated with the GIS data from the emptying truck tracking application developed within the context of the project (see below).

The PAMAP sets the targets and indicators for monitoring & evaluation to measure progress in the industry. Some of the activities identified in the PAMAP were implemented as part of the project.

PROJECTS SHEETS

YAOUNDÉ,
CAMEROON

- **Strengthening of the regulatory framework governing FSM activities in the city**

A number of regulatory documents and tools were developed and adopted during the project, including: (i) a municipal decree regulating the dumping of faecal sludge in the city of Yaoundé, and (ii) a municipal decree governing the adoption of approvals for faecal sludge companies and licences for each of their trucks. The authorisation sets out in particular the specifications of the emptier and the technical specifications of the equipment to be acquired. The various tools needed, such as authorisation requests, approval models and licences were also developed in collaboration with the authorities.

- **Construction of the first Fecal Sludge Treatment Plant in Etoa**

The FSTP, with a capacity of 265 m³/d, was inaugurated on 20 September 2021. Reachable by Route Nationale n°3, it consists of two sedimentation basins operating alternately, the thickened sludge of which is fed into unplanted covered drying beds. The supernatant from the sedimentation tanks and the percolate from the drying beds are treated successively in an anaerobic lagoon and a facultative lagoon before being discharged into a wetland feeding the Mefou River.

The capacity of the station was reached after 2 months of operation, which shows both the growing need for treatment in the city, also raised in the PAMAP, as well as the discipline showed by the emptiers in going to the FSTP.

The station is operated by an EIG composed of several emptying companies through a service delegation contract between the city and the EIG. The EIG has been endowed with administrative, financial and technical management tools, such as a business plan, management software and technical monitoring tools for the activity. The operator, like the city's team, received theoretical and practical training as well as support during the first months of operation, in order to calibrate and adjust the operating parameters, become familiar with the management tools, perfect its relationship with customers and the delegating authority, and draw up monitoring reports, as well as a first operating report.

- **Support to the renewal of the emptying companies' fleet.**

The project was also aimed at instituting a sustainable mechanism to financially support the emptiers in renewing their rolling stock, by involving exclusively private sector players, without external intervention via such mechanisms as a guarantee fund. Where the public authorities are concerned, the emptying contract for all the public toilets in Yaoundé was awarded to a group of emptying companies, so that it could be valued as a guarantee for the banks.

Although this activity - which depended directly on the willingness of Cameroonian banks to relax their rules in order to support players in the sector - did not meet with the expected success, the project did enable two emptiers to secure loans for the purchase of two second-hand trucks.

- **Implementation of a GPS-based monitoring system for the emptying trucks.**

Through the project, a real-time, on-line GNSS tracking application was developed for the emptying trucks. The application was developed in collaboration with the YUC and the emptiers for more than two years.

The application operates by collecting geolocation data from the emptying trucks via kits set on the trucks and financed by the emptying providers themselves, combined with mapping data. The data are processed immediately. The application includes algorithms to automatically identify alerts, the emptiers' activities, as well as processed maps and data tables, which are ready for use by the YUC or drain companies. The data are stored on a server. The application allows interfacing with this data via computer or smartphone.

The main functionalities developed were: (i) real time and historical routes, (ii) reports (query-based tables), (iii) maps, (iv) alerts, and (v) administration and management tools for users, companies, vehicles, and zones.

PROJECTS SHEETS

YAOUNDÉ,
CAMEROON

The application offers numerous uses both at the level of the YUC, informing about the spatial distribution of demand and making it possible to manage the activities of the emptying trucks, in particular checking whether dumping is actually carried out at the new SSTC, and at the level of the emptying contractors to control and prevent the illegal activities of their emptying operators, and to gain data of which they themselves can make commercial use. As a result, the application contributes significantly to the sustainability of FSM services

- **Construction of two innovative public toilets, with recovery and reuse of biogas, in the Mbankolo and Nkolewoue markets.**

The future sites for public toilets were identified taking into account the aim of building up material deposits in both quality and quantity so as to run co-digestion with animal waste and substantial biogas production.

The toilets are equipped with a decanter, an anaerobic baffled reactor and a fixed dome reactor. Gas collection takes place mainly at the level of the fixed dome, where animal waste is mixed with toilet wastewater.

Each bio-digester was sized to receive 450 kg of animal waste per day, where expected daily biogas production amounted to 29 m³.

The aim of the operator, who already has experience in biogas, is to sell the biogas as cooking or heating gas directly in the geographical vicinity of the market, for example to chicken pluckers.

As this is a developing activity in the city, the operating contract between the YUC and the operator was drafted in such a way as to reduce the risk to the operator so that it can develop this activity serenely, and in particular find the market balance prices for the supply of animal waste and the sale price of biogas.

- **Valuation prospects**

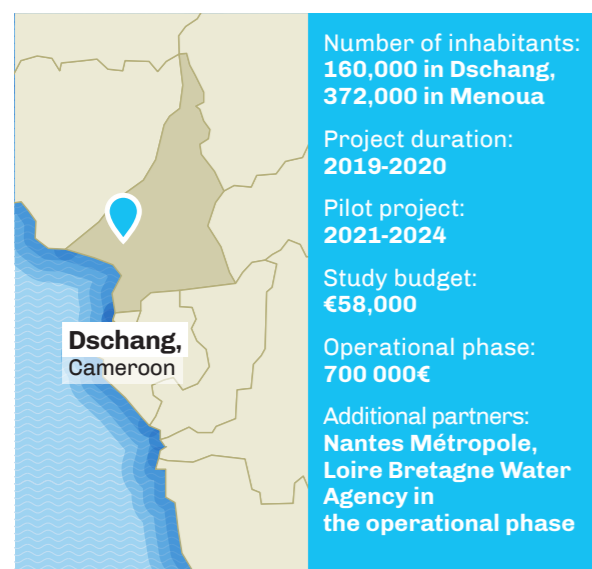
Value was derived from the national experience in waste recovery, in particular that in Dschang with the manufacture of compost, by bringing in national experts to establish the relevant orientations in terms of recovery of dried sludge from sludge treatment. Drawing on a detailed analysis, the study was used to provide the operator with a realistic, precise and costed action plan, which could be implemented by the operator to enable financial operation of the product via the agricultural sector. In particular, this action plan takes into account the operator's technical and financial capacities in order to enable actual implementation. The operator also now has a list of contacts, each a potential buyer of sub-products.

PROJECTS SHEETS

YAOUNDÉ,
CAMEROON

PROJECTS SHEETS

DSCHANG AND MENOUA , CAMEROON



The emptying sector is characterised by high prices and low quality of service.

In this context, the Municipality of Dschang had set up a self-managed drainage service about ten years ago, but due to lack of an appropriate strategy, the experiment was not successful. This issue remains a major concern for the Municipality, which wishes to develop alternatives to the current services.

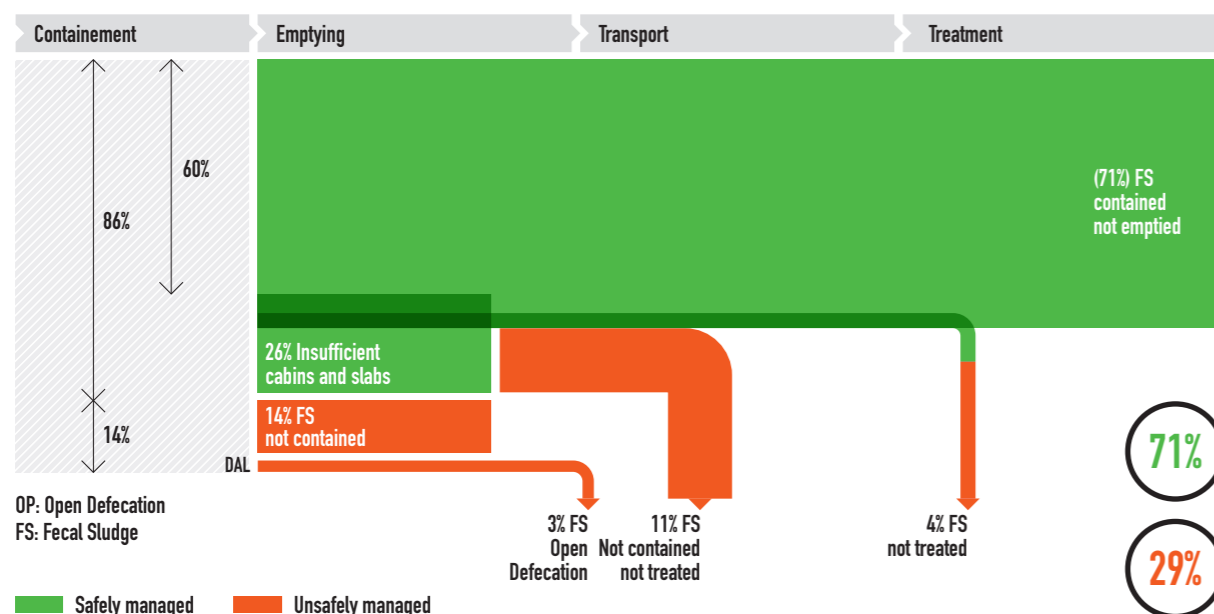
In 2018, the municipalities of Dschang, Fongo-Tongo, Nkong-Zem, Fokoué, Penka-Michel and Santchou created the Syndicat des municipalités de la Menoua (SYCOME), an intermunicipality body that makes sanitation its priority sector of intervention. Studies on the management of fecal sludge were carried out at the departmental level to develop a coordinated strategy between the 6 towns.

As a result, the following deliverables were produced:

- Diagnosis of the FSM sector in the Menoua department: socio-economic and technical studies, characterisation of the emptying market, characterisation of sludge, evaluation of sanitary blocks, preliminary design for a treatment station.
- Support for the FSM municipal strategy: prioritised, zoned and quantified action plans, strategy for the poorest, indicators and monitoring tools for the sector, organisational chart, summary mapping and SFDs.

The city of Dschang, the capital of the Menoua department, is home to more than 160,000 inhabitants. The majority of the population uses traditional latrines dug in the ground, and only a minority have septic tanks. This situation, combined with the spillage of fecal sludge into the waterways, brings about contamination of the wells located in densely-populated areas and the lowlands.

Dschang's SFD, 2020



PROJECTS SHEETS

DSCHANG AND MENOUA , CAMEROON

- Creation of a conducive environment: developed anti-monopolistic strategies including public-private partnership, strengthened dialogue between the municipality of Dschang and emptiers.

The strategy includes quantified proposals for the development of concrete projects, in their institutional and organisational components, and the implementation of tailored solutions for treatment, in particular seeking to integrate the solid waste management sector, already structured in the territory.

The study process reinforced the linkage of the initiative to the development of the circular economy and the efficient organisation of essential services to the population. The intermunicipal approach helped step up the initiative's interest and relevance. The technical expertise developed was strong and proved extremely beneficial with the transfer of knowledge to local services.

Operational implementation

On the basis of these results and the consultations of the studies, an operational project was designed in 2021.

This EcoSaMe project (circular economy in Menoua) is distinctive in that it is implemented at the intermunicipal level, relevant for medium-sized cities, and combines several components:

1/ Support to local project management, capacity building:

- designing the organisational framework of the economic sector connected with liquid sanitation management: regulations, monitoring emptying companies, monitoring environmental impacts, developing the downstream sector.
- Support and capacity-building, both technical and engineering-related, of the municipalities of Menoua.
- Experiences-sharing in the network of Francophone mayors, and within the framework of decentralised French cooperation.

2/ Improved access to essential services and living environment:

- Implementing transitional measures against pollution and unsanitary conditions;

- Designing and building a sludge treatment site;
- Implementing a sustainable operating service shared by the whole of the Menoua region;
- Building public toilets and water access points.

3/ Development of the circular economy, building from the sanitation sector:

- Providing support and capacity building for economic players in the sector (waste disposal companies and construction companies) and developing an economic model specific to the sanitation sector;
- Creating a demonstration centre to sustainably and fairly support households in Menoua in improving their structures;
- Implementing sludge recovery at the plant in connection with the solid waste sector, and developing the commercialisation thereof in agriculture.

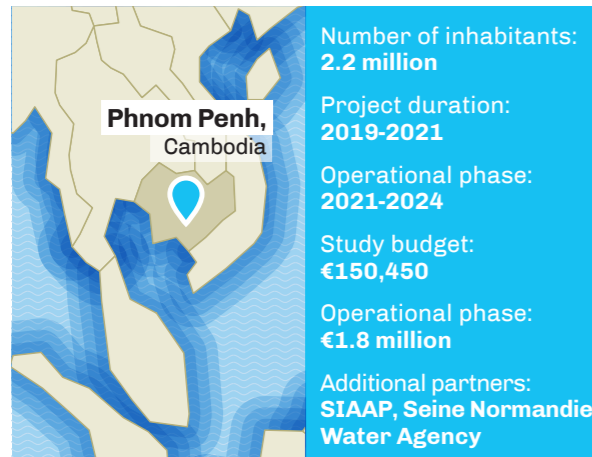
Learning from Dschang's experience

- From the point of view of governance:

- the Municipality of Dschang is the project manager for the works erected on its territory through its Municipal Waste Management Agency (AMGED) and in particular will host the zone's treatment station;
- Sycome is responsible for the project management of all activities that concern the Menoua region, in particular the collective sanitation structures in each municipality and the development of the demonstration centre, as well as the capacity-building, exchange-structuring and capitalisation component.
- **The city of Dschang has a wealth of experience in solid waste management:** the future treatment station opted for a robust technology and a site that will make it possible to re-use materials through co-composting. The development of the circular economy in the territory was one of the major concerns taken into account in designing the operational project

PROJECTS SHEETS

PHNOM PENH, CAMBODIA



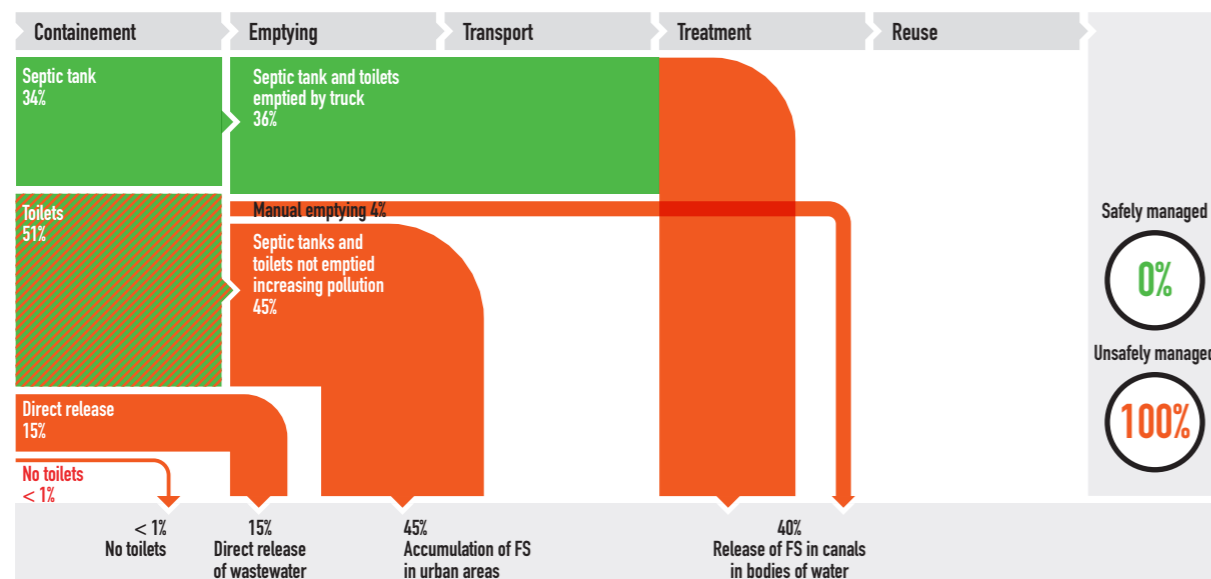
The pits are emptied only when necessary and the city, at the start of the project, did not have a dedicated sludge disposal site and had no plans to build one.

In a context of substantial investments in sanitation carried out by the city, with the support of the Government, Phnom Penh decided to join the Initiative for Health and Sanitation in Cities in 2018 to implement studies and advance the framework conditions necessary for the establishment and implementation of its municipal Fecal Sludge Management (FSM) strategy.

Phnom Penh managed the studies through its technical departments and, with the support of the AIMF Technical Assistant, steered the socio-economic and technical studies. An internal system for sharing and validating each stage of the studies was organised, with a national steering committee officially instituted to complement the international steering committee. This organisational structure, although cumbersome to manage, is proving an essential element of success in Cambodia's institutional and organisational context.

The city of Phnom Penh, the capital of Cambodia, is home to more than 2 million inhabitants. While most of the dwellings have an onsite sanitation structure, only one-third of them have a septic tank. A minority discharge their wastewater directly into a combined sewerage system (also referred to as a drainage system) before it is discharged outside the city. The quality of the sanitation systems of the majority of households is unsatisfactory, as are the upkeep practices.

Phnom Penh's SFD, 2019



PROJECTS SHEETS

PHNOM PENH, CAMBODIA

The ISSV process, starting from the study trip to Dakar and the steering of the studies, has enabled the Phnom Penh authorities to broach this specific area, unexplored until that time as an integral component of the sanitation sector. The process has thus enabled the city's agencies to better understand the situation in order to build their choices on more solid foundations, improve the activity of and recognition for emptying companies, implement conditions that help limit untreated dumping and thus, in the medium term, reduce the health risks encountered by the vulnerable populations of Phnom Penh.

The studies' findings indicated an environment particularly conducive to the sector's development, given the highly-developed emptying market, significant potential for recovering and re-using sludge in agriculture, and the dynamism of public players when it comes to investing in the city's sanitation. The results validated the relevance of the sector and confirmed the desire of the Phnom Penh authorities to make concrete progress on the operationalisation of the strategy in 2021.

The overall strategy of the City of Phnom Penh for the on-site sanitation sector 2021-2035 was finalised in spring 2021 and approved by the National Steering Committee on 12 July 2021. It was also officially approved by His Excellency the Governor of Phnom Penh in November 2021. The document, which has been widely circulated to the sector's stakeholders in Phnom Penh and Cambodia, is extremely important as it marks the arrival of on-site sanitation as a full-fledged concern at the municipal planning level. It can also inspire planning in other cities in a similar context, and particularly in urban centres in Cambodia.

Operational implementation

To support the city in its first treatment plant and in structuring the sector, the implementation of an operational pilot project, which is part of the continuation of the studies and of the new strategy of Phnom Penh, has been designed and the financial round table finalised in 2020: the Municipality of Phnom Penh, the AIMF, the AESN and the SIAAP are providing co-financing of €1,770,000 (excluding the value of the land and other existing assets).

This project includes the following components:

- The design and construction of a fecal sludge treatment plant with planted beds: 3Hectares (2 modules) the design of which has been

finalised and on which work will begin from May 2022 for the first module.


- The implementation of sludge recovery from treatment to be used as humus and the development of a commercialisation channel in agriculture.
- The design of the sector's organisational framework (regulations, supervisory authorities, monitoring of emptying companies, monitoring of environmental impacts).
- Support and capacity-building, both technical and engineering-related, of the Municipality of Phnom Penh, as well as the implementation of the municipal strategy.

Learnings from Hue's experience

- Fecal sludge management is a new topic for Phnom Penh. In this context, the development of pilot projects is essential to demonstrate the concept and secure the support of stakeholders.
- The financing round for an initial operational phase was organised very quickly, thanks to decentralised cooperation. This is one of the key success factors: to keep up the sector's dynamics, the pilot project must be initiated immediately upon completion of the studies. It is important that, in all cases, a system be set up so that the studies can be implemented to scale directly.
- The management methods implemented within the administration of PP are substantial in terms of administrative monitoring and deadlines, but are essential for the buy-in and sustainability of the process.
- Taking into account the local context, the social acceptance and the issues specific to the city, the "sludge re-use" aspect was particularly important in this project: its implementation as much in agriculture as in urban gardening (certification, marketing, and distribution) has already been planned out by the project owner.
- The choice of technology was dictated by the city authorities, in connection with the future reuse project. Aesthetic and environmental concerns also prompted the city to opt for a planted bed station.

PROJECTS SHEETS

HUE, VIETNAM



Number of inhabitants: 650,000
 Project duration: 2019-2020
 Projet opérationnel : 2022-2025
 Study budget: €56,000
 Operational phase: €1.5 million
 Additional partners: Seine Normandie Water Agency

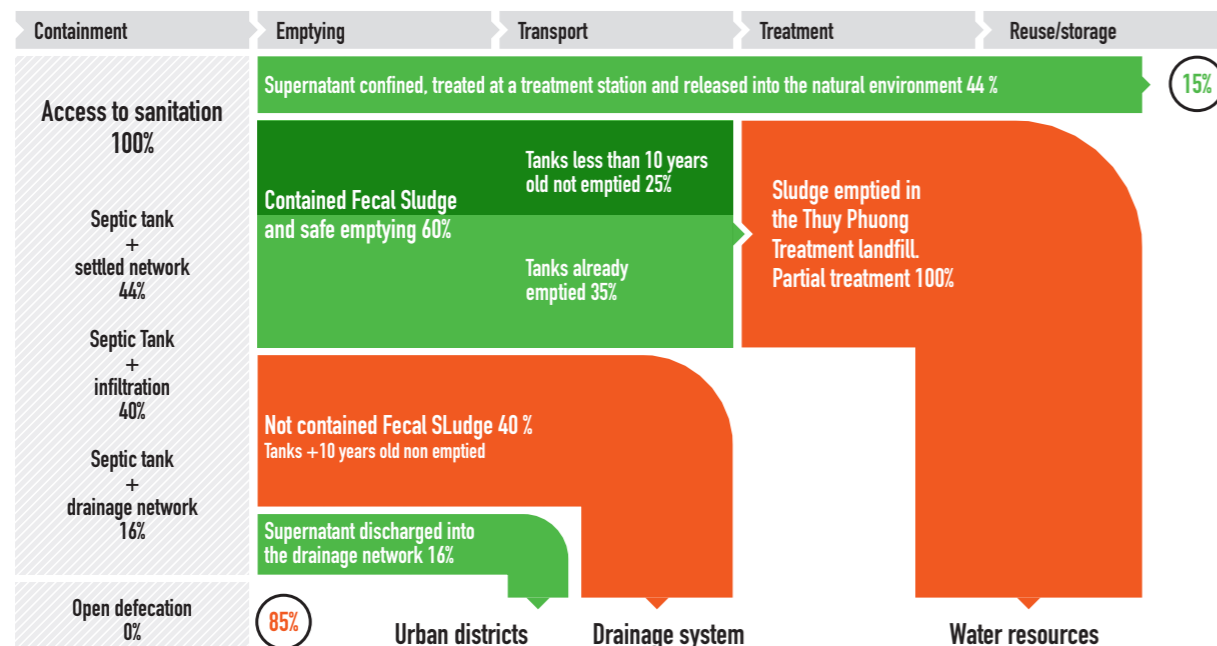
- The City of Hue took part in the "Asia: Cultural Heritage and Sustainable Development Initiative" in support of Francophone cities in South-East Asia, led by the AIMF. During the discussion seminars, the theme of treatment and management of fecal sludge was identified as a major challenge with which the City is faced, all the more so as its facilities, their sizing and their design must take into account the particular character of the area in which it is located, with the presence of a historic citadel of very high heritage value.
- The SIAAP and the City of Hue have been working in decentralised cooperation and have already partnered with the AIMF in the field of sanitation, particularly in the development of the citadel's hydraulic system.

The city of Hue is the former royal capital of Vietnam, whose citadel, the heart of the current city, is an exceptional historical and artistic vestige, listed on the UNESCO World Heritage List.

The theme of urban sanitation and management thereof as an essential issue for sustainable development has been identified as a priority by the city authorities for several years in the context of decentralised cooperation, in particular:

Hue thus naturally joined the ISSV upon its inception. Hepco, the Vietnamese public company in charge of emptying and treatment services in Hue, was the delegated project manager and carried out part of the technical studies. At the request of the AIMF, the SIAAP and the Seine-Normandy Water Agency lent their support to the project, co-financing the socio-economic and technical studies.

Hue's SFD, 2020



PROJECTS SHEETS

HUE, VIETNAM

In the context of the Covid 19 pandemic, the training of the surveyors was successfully rescheduled with support provided remotely. The report on household behaviour and the quantification of sludge was essential in building the city's strategy: it provides a very clear vision of sanitation and its particularities, in particular on the complementarities of off-site and on-site approaches at the time a collective network is implemented. A waste water treatment plant for part of the city (which will ultimately cover 44% of households) is scheduled.

Characterisation studies on the sludge have made it possible to confirm their quality, to refine the dimensioning of the station and establish the recovery projections. The city's development prospects for 2030 project a volume to be processed of around 80m³/day (almost double the current volume), justifying all the more the desire to develop partnerships to be able to meet growing demand. A study on household behaviours made it possible to set out the priorities to be integrated into the strategy: pit monitoring mechanism by Hepco, a pro-poor strategy, collaboration with the private sector (labelling, unloading obligation and reduction of the cost, and marketing support).

- The design (APD) and construction of a sludge treatment plant, with a technique tailored to the context, and the implementation of a sustainable operating service.
- The development of an ecological sludge commercialisation channel, supplementing the solid waste recovery sector.
- The commissioning of the FSTP.

Lessons learned and particularities of the case of Hue:

- The financing round for an initial operational phase was established very quickly, thanks to decentralised cooperation and thanks to the very significant participation of the city's own budget (50% of the budget - excluding existing assets). This is one of the key success factors: to keep up the sector's dynamics, the pilot project must be initiated immediately upon completion of the studies. It is important that a system be set up so that the studies can be implemented to scale directly.
- The "sludge reuse" component was an important part of the vision of the city of Hue.
- The choice of technology was dictated by the city authorities, with regard to the aforementioned future re-use and the city's strategy of working on co-composting on the same production site, but also by the desire to implement a robust and reliable technology.
- The future operating model has already been identified, and will be a public model.

Operational implementation


All of the deliverables were validated by the end of 2020, and an operational project estimated at €1.5 million was formalised in 2021 with the same partners.

This project includes the following components:

- The design of the sector's organisational framework (regulation, implementation of regulations, supervisory authorities, monitoring of emptying companies, monitoring of environmental impacts).
- Support and capacity-building, both technical and engineering-related of the City of Hue, and developing a realistic, concrete and scalable municipal strategy.

PROJECTS SHEETS

NOUAKCHOTT, MAURITANIA



Nouakchott, Mauritania

- Number of inhabitants: 1.2 million
- Project duration: 2019-2021
- Operational phase: 2022-2025 as part of a larger WASH program
- Operational phase: 2022-2025 as part of a larger WASH program
- Study budget: €50,000
- Additional partners: City and Water Authority of Lausanne - Switzerland

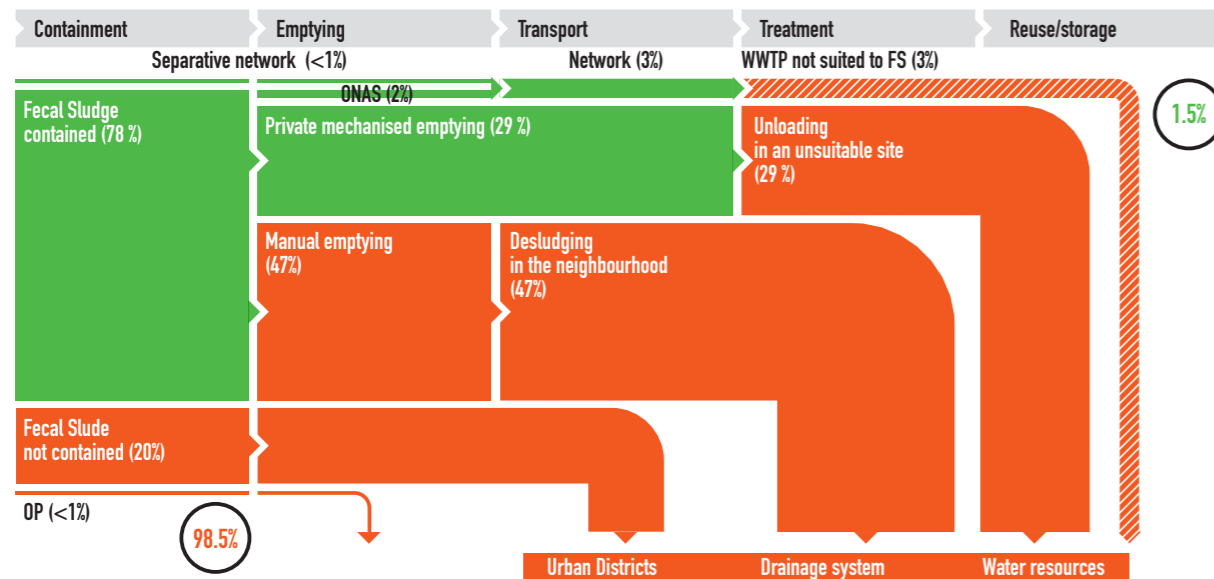
censuses) and constitutes a major challenge for the national and local authorities: how to overcome the glaring lack of access to infrastructure and basic social services, particularly in the drinking water and sanitation sector?

Against this backdrop, having carried out a situational diagnosis of the autonomous sanitation sector, a national consultation workshop was held in April 2021, with significant representation: organised in conjunction with the National Sanitation Office, the workshop was opened by the President of the NKT Region, Mrs Fatimetou Mint Abdel Malick, in the presence of the Minister of Sanitation, Mr Sid'Ahmed Ould Mohamed, the Wali of West Nouakchott and the Mayor of Tivragh Zeina. It served as an opportunity for consultation between all the public, private and associative players in the sector to identify priority areas of intervention and lay the foundations for a territorial strategy, in line with the national framework.

This workshop also marked an essential stage in taking ownership of the process at the local level. The socio-economic, zoning and mapping studies carried out have shown that 100% of the sludge produced in the city is inadequately managed, i.e. it is either confined in unsuited sanitation systems or collected and discharged directly, without prior treatment, into the receiving environment, thus exposing the population and the environment to

The capital of Mauritania, Nouakchott, as the country's economic and commercial centre, has a considerably higher growth rate than Mauritania as a whole (4.3% compared to 2.7% at national level between the 2000 and 2013

Nouakchott's SFD, 2021



PROJECTS SHEETS

NOUAKCHOTT, MAURITANIA

faecal contamination. The emptying services, mechanised or manual, are furthermore not regulated, thus limiting the possibilities for development and organisation. These studies are approached by the Nouakchott Region as tools for decision-making and dissemination of information to other stakeholders.

At the current time, the national vision of the sector, which recommends focusing largely on the development of offsite sanitation, does not seem to be able to respond to the real challenges posed in Nouakchott.

The creation of a joint State-Region roadmap, finalised in January 2021, is intended to guide the Region of Nouakchott and its institutional partners in developing sustainable FSM services in the territory and eventually to be incorporated into the Region's Water and Sanitation strategy.

Institutional work was also carried out from as early as September 2021 until February 2022 to establish a multi-stakeholder consultation framework on the theme of FSM. This framework, presented and discussed with all sanitation stakeholders, in Nouakchott on 9th and 10th November 2021, constitutes an operational cooperation and coordination structure to develop the fecal sludge management sector. The expected outcomes of the consultation framework are a clear definition of the roles and areas of action of each institution in terms of FSM and wastewater management, a strengthening of the regulatory framework as well as its effective application, and the implementation of a participatory governance method.

Based on these factors, a partnership agreement to institutionalise the consultation framework and make it permanent was signed between the Region and the Ministry of Water and Sanitation: the first mechanism of this kind, its operation remains to be tested in the medium and long term by the authorities.

Specific features of the studies in Nouakchott


Studies and institutional support were incorporated as a new component of a decentralised cooperation project driven by the AIMF, the City of Lausanne and the Nouakchott Region. Within the framework of this cooperation, which deals more broadly with access to water and sanitation and with the objective of extending it to other Francophone cities and players, an implementation phase is under review: with an investment budget of 3 million euros, this new phase of decentralised cooperation will make it possible to dedicate resources to the FSM sector and continue advocating for its recognition.

Learnings

- In a context where the fecal sludge management sector is unknown and the prerogatives of the territorial authority are shared with a National Regulatory Body, the positioning of the Region as facilitator of dialogue between players has proved effective and relevant.
- The figures have made it possible to establish a local awareness of the need to work on this sector, which is currently not covered by national planning documents.
- The integration of FSM in a water and sanitation cooperation programme makes it possible to very quickly envision the next stages of the work, with external financing coming from decentralised cooperation.

PROJECTS SHEETS

OUAGADOUGOU, BURKINA FASO



Number of inhabitants: 3 million

Project duration: 2021

Study budget: €52,000

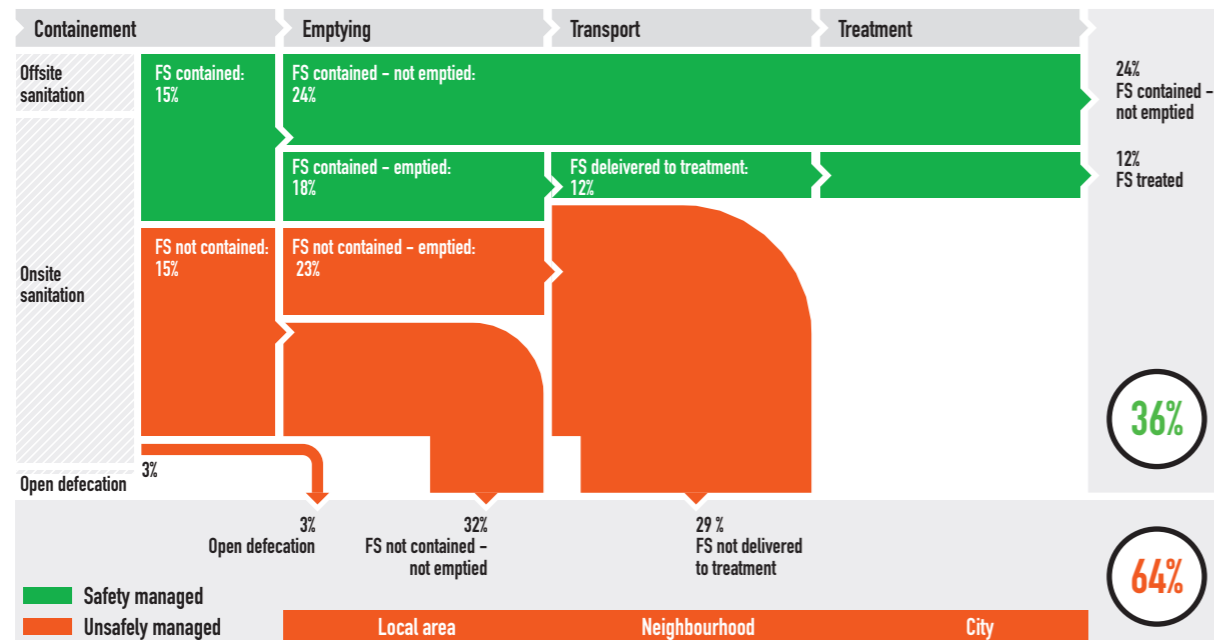
Additional partners: SIAAP

in solid waste dumps inside or on the outskirts of the town. This issue did not gain momentum until the 2010s and is now seen as a major concern by the municipal authorities: in the face of steadily-increasing annual production (about 2 million m³ of faecal sludge), and given the new legal and regulatory responsibilities resulting from the national decentralisation policy, the executive authorities of Ouagadougou City Council are aware that they must provide appropriate responses to the challenges raised. The organisation chart of the municipal council clearly shows a Public Health and Hygiene Department, under the supervision of the General Directorate of Municipal Technical Services. In view of the current ever-increasing challenges, the city council wished to explore ways for giving greater importance to the directorate responsible for FSM issues. In this context, also to be noted is the presence of several partners and donors that are already working in the fecal sludge sector, most of the time in close connection with the National Water and Sanitation Office, but completely unconnected from the teams at the Ouaga municipal council.

Ouagadougou, the capital of Burkina Faso, has a population of around 3 million inhabitants living across 12 districts. The municipality is also at the head of the Grand Ouagadougou conurbation, i.e. the grouping of Ouagadougou with the seven peripheral rural municipalities (Komki-Ipala, Komsilga, Koubri, Loumbila, Pabré, Saaba and Tanghin-Dassouri).

Since the 1980s, the municipal council has gradually ventured into FSM issues, primarily to counter the unauthorised dumping of fecal sludge

Ouagadougou's SFD, 2018



PROJECTS SHEETS

OUAGADOUGOU, BURKINA FASO

After a needs diagnosis carried out with the municipal council at the end of 2020, the ISSV's areas of action were established with the aim of supporting the municipal council in:

- Defining its municipal strategy.
- Instituting the framework conditions for improving the sanitation situation across Ouagadougou, and more broadly at the territorial level that is the most relevant, that of Grand-Ouaga.
- Establishing the legitimacy and role of the Municipality of Ouagadougou to act as a major player in a strategy agreed with all the players.

From April 2021, technical assistance was made available, under the direction of technical advisors to the Mayor. With a participatory and collaborative approach, it led to the adoption of the "roadmap for the implementation of a sustainable faecal sludge management in Ouagadougou", accompanied by a costed action plan and a prioritization tool of sites for the establishment of future treatment plants. A training plan and support for the teams in charge of reviewing the organization chart of the Town Hall also allowed to propose the creation of a separate FSM unit, with the definition of suitable profiles.

At the same time, and in response to the priority expressed by the Municipality to improve the management of toilets in the territory (28 managed by the Town Hall out of the 75 in the city), a study diagnosis from the recovery of this service helped to better understand the difficulties, the intervening actors, contracts, maintenance and management outlooks. A decision-making helping tool in the form of a platform has been delivered and is tracked by several services. A negotiation process was also set up and implemented so that a partnership agreement between the mayors of Greater Ouaga and the ONEA gets formalized and signed.

Finally, a project aimed at implementing operational priority actions of the roadmap has been designed and includes the activities of legal and institutional support (establishment of texts framing the actors and activities, implementation

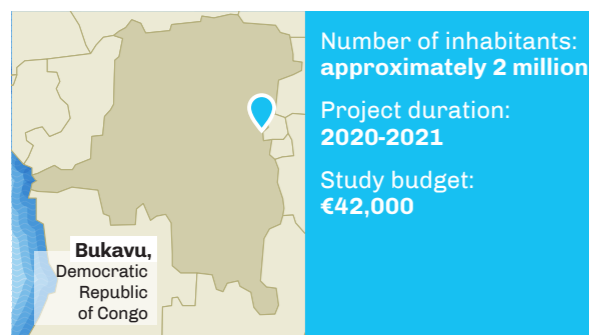
of the framework for consultation, monitoring activities and offences), support for players of the sanitation sector (census and strengthening of public and private stakeholders in FSM), and investments in the various sector chain links (subsidy of family toilets up to standards, public toilets, structuring of the transportation sector, building capacities for sludge treatment and recovery). Identification of technical and financial partners ready to mobilize alongside the city is underway.

Lessons learned from Ouagadougou's experience

- The municipal council's understanding of the issues related to sanitation in general and the FSM in particular is real. This ownership is already seeing results with the discussions put forward on the creation of a structure specially dedicated to FSM;
- The continual presence of technical assistance under the authority of the Mayor's technical advisers and, at the same time, the institution of a participatory approach between services has proved a success factor;
- Flexibility in the support provided, as the assistance progresses, is a necessity in order to respond to the changing needs of the municipal council.
- Consideration for the territorial dimension, with the various existing municipal policies and the indicators that accompany them, which must be projected on the scale of Greater Ouaga
- The use of incrementality, by prioritising urgent activities that do not entail significant costs and make it possible to trigger visible results.

PROJECTS SHEETS

BUKAVU, DEMOCRATIC REPUBLIC OF CONGO



On the basis of the finalised studies and taking a participatory approach, the Municipal Fecal Sludge Management Plan for the city of Bukavu was drafted and discussed at two workshops, attended by some 40 participants from 35 institutions in the sector.

This document is the 1st Ten-Year FSM Plan. It presents the strategic directions (annual operational plans), objectives and progress to be made during the period 2021-2030. It shows the reference budget framework and the priority accompanying measures to achieve the operational objectives. In connection with the strategic orientations and long-term directives of the Congolese government, which led to the Urban Framework for Consultation on FSM and the global intervention strategies. This Plan includes 3 essential tools for the implementation of FSM:

- The identification of priority actions
- The key monitoring and performance indicators
- The system for assessing progress and results

Lessons learned from Bukavu's experience

- The harnessing of municipal and regional resources and expertise for the execution of studies and strategic tools has been a factor in capacity building
- The involvement and mobilisation of the University of Bukavu to develop learning programmes on the topic and train future specialists is an avenue to explore for further action.
- The participatory approach is essential, especially in a context where the sector is very little known: consultations are also times for information-sharing, awareness-raising and advocacy at the level of the players on the ground.

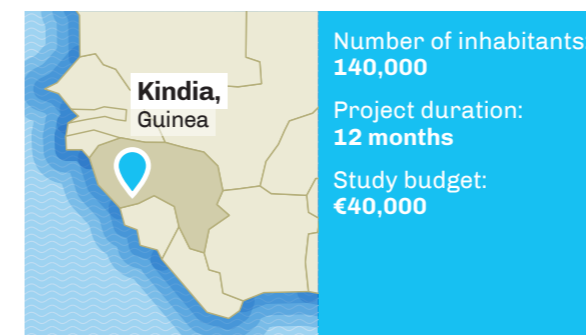
Under the coordination of the unit in charge of monitoring at the level of the City of Bukavu, an initial diagnosis was carried out in 2020 in order to establish the needs in terms of FSM. This diagnosis was followed by a socio-economic study, entrusted to the Faculty of Sciences of the Official University of Bukavu, and a study on emptying services in Bukavu

These studies made it possible to establish a zoning of the city based on a household survey, quantify the needs of the inhabitants for latrines and emptying, quantify the sludge produced in the city, better understand the functioning, dynamics and failures of the mechanised and manual emptying services, carry out a study of the public toilet service and produce a cartographic synthesis of these elements.

These studies have made the challenges facing the city emerge. The sanitation facilities are in most cases inadequate, and the mechanised, public emptying services do not meet either the demand or the financial capacity of households. The equipment available is furthermore underused. The majority of households resort, when necessary, to a manual emptying service that does not meet sanitary requirements. Support for the gradual development of improved and sustainable sanitation services is essential in order to reduce the exposure of the population and professionals in the sector to contamination, and to preserve Bukavu's fragile lake ecosystem.

PROJECTS SHEETS

KINDIA, GUINEA



A market study was to be carried out to better understand the potential and opportunities for recovery of dried sludge in the municipality. Unfortunately, this activity had to be cancelled following the political developments on 5 September 2021. The City's interest in the sector is manifest and the support of the AIMF will continue, beyond the end of the ISSV, as soon as the local situation allows.

Lessons learned from Kindia's experience

- The mobilisation of decentralised cooperation and South-South cooperation makes it possible to set actions in a context of broader and long-term exchanges and sharing of experiences; it also opens up prospects for future financing. Kindia and Dschang are engaged in decentralised cooperation with the City of Nantes in France and all these local authorities are active within the AIMF network.
- The provision and validation by the City of Kindia of the roadmap for the development of sustainable fecal sludge management services demonstrates the involvement of the local authority in addressing this issue. It is expected that this document will ultimately allow the request and mobilisation of funds from partners.
- In order to benefit from economies of scale, work has been carried out at the level of the intermunicipality, which enables services to be pooled and a larger portion of the population to be provided with services.

Under the coordination of the follow-up unit set up at the level of the municipality of Kindia, field surveys were carried out in June 2021 and formed the basis for the socio-economic study, the final report of which was delivered on 21 October 2021. This study allowed an assessment of the level of access and sanitation service for the city's populations, identify gaps and needs, and map the demand for and supply of services.

As in the other pilot cities, the objective of this work was to identify and commit the city of Kindia to a roadmap for the development of the FSM sector in the medium term. This quantified roadmap has been established for a 5-year period. It is a tool for planning and framing interventions in the municipality.

South-South cooperation was also given pride of place during the working process, in particular between the cities of Dschang and Kindia, with a field visit given to the director of the Municipal Waste Management Agency of Dschang (AMGED) concerning the reuse of sanitised sludge in local agriculture and opportunities for co-composting.

It should be noted that these studies are an important step in the development of the sector in the city of Kindia. While they do not solve all FSM issues immediately, they make it possible to set the first milestones and identify the priorities.

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The AIMF and the Bill & Melinda Gates Foundation signed in 2017 a partnership to develop the “Initiative for Health and Sanitation in Cities” (ISSV), which takes support for the mobilization of the network of Francophone local authorities for the implementation of development projects. It resulted in 15 pilot projects carried out in 5 years, the common thread of which has been the improvement of the health and living conditions of the populations. Focused on three themes, Family Planning, Emergency Preparedness and Fecal Sludge Management, this partnership mobilized more than \$17 million to contribute in an innovative way to the global effort to achieve the Sustainable Development Goals, by putting the territories at the heart of the process. This capitalisation book aims to share the keys to success of the Initiative to enable all of the cities of the Francophone network to appropriate them.

The ISSV was conducted in partnership with the following local authorities

