

REPUBLIQUE DU
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REGION DE SUD OUEST

DEPARTEMENT DU NDIAN

COMMUNE DE EKONDO TITI



REPUBLIC OF CAMEROON

Peace – Work – Fatherland

SOUTHWEST REGION

NDIAN DIVISION

EKONDO TITI COUNCIL

SURVEY REPORT

MECHANISM OF CITIZEN CONTROL OF THE PUBLIC ACTION WITHIN EKONDO TITI COUNCIL



May 2018

Technical and financial support of the National Community-Driven Development
Program (NCDDP) in collaboration with the National Institute of Statistics (INS)

Realized by: NKONG HILL TOP ASSOCIATION FOR DEVELOPMENT (NADEV)



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LIST OF ABBREVIATIONS

<i>CCPA</i>	Citizen Control of Public Action
<i>CDE</i>	Cameroun Des Eau
<i>CRC</i>	Citizen Reporting Card
<i>CSO</i>	Civil Society Organizations
<i>EC-ECAM 4</i>	Complementary Survey of the Fourth Cameroon Household Survey
<i>MINAT</i>	Ministry of Territorial Administration
<i>MINEDUB</i>	Ministry of Basic Education
<i>MINEE</i>	Ministry of Water and Energy
<i>MINEPAT</i>	Ministry, of Economy, Planning & Territorial Development
<i>MINSEEC</i>	Ministry of Secondary Education
<i>MINSANTE</i>	Ministry of Public Health
<i>NADEV</i>	Nkong Hill Top Association for Development
<i>NIS</i>	National Institute of Statistics
<i>PNDP</i>	National Community Driven Development Program
<i>UCCC</i>	Union of Cities and Councils of Cameroon
<i>UN</i>	United Nations

PREFACE

15 NOV 2018

This report represents the finding of a survey on citizen control of Public Action carried out in Ekondo-Titi Municipality by Nkong Hill Top Association (NADEV) with support from the National community Driven Development Programme (PNDDP). Our Council participated in the various stages of the survey which included launching, data collection and validation of the report, with the intention of drawing lessons from the perception of our citizens on the delivery of public services to improve on our work.

There is a general lack of interest of the population on Council Affairs. A letter highlighting some misgivings of EkondoTiti Council on the report has been submitted to P.N.D.P and NADEV who did this report. We hope that in future the Association will be more prudent in handling some of the points raised especially concerning corruption in the issuance of Birth Certificate which is not exclusively the responsibility of the Municipal Authorities as it needs to go through the Law Courts to obtain source documents, with its bottle necks.

The survey however was a welcomed process given its participatory nature and giving a cross section of the population the opportunity to voice their concerns. Taking cognizance of this, we are fully committed to contribute in the implementation of the Action plan immediately the security situation improves. A lot of actions are put on hold because no meaningful development can be carried at this point in time.

In taking this commitment, we remain grateful to the P.N.D.P for financing this survey and NADEV for successfully implementing it. We invite all stakeholders and especially the entire population to be fully involved in the affairs of their Council so as to implement the Action Plan for the continuous development of our Municipality.

LORD MAYOR.

Nanyi Kenneth
MAYOR
EKONDO TITI COUNCIL



REPUBLIC DU CAMEROON
Paix – Travail – Patrie

Ministère de Décentralisation et de
Développement local

Région du Sud-Ouest

Département du N'dian

Commune d'Ekondo Titi



REPUBLIC OF CAMEROON
Peace – Work Fatherland

Ministry of Decentralization and
Local Development

South West Region

N'dian Division

Ekondo Titi Council

Ref: SG/258/21/18/EC

Date: 15 NOV 2018

THE REGIONAL COORDINATOR

P.N.D.P

BUEA,

SOUTH WEST REGION

Sir,

**REACTION TO THE SURVEY REPORT ON MECHANISM OF CITIZEN CONTROL OF THE
PUBLIC ACTION IN EKONDO-TITI COUNCIL REALIZED BY NKONG HILL TOP
ASSOCIATION FOR DEVELOPMENT (NADEV)**

I have the honour to react to the above mentioned survey report by Nkong Hill Top Association for Development (NADEV). I was presented with a pre-prepared preface for signature which I objected and insisted on seeing the report.

After going through the report I have some reservations which I believe do not represent a fair judgement or assessment on the population's perception on Council Affairs. I will highlight two on aspects of this report.

The majority of the people come to the Council for issuance of Birth Certificates (26.6% - page 50) and that (62.5%) on page 53) are not satisfied with Council service delivery. It is not worthy that the process of issuance of Birth Certificates does not only originate from the Council especially after the period of grace of six (6) months which you can obtain a Birth delivery certificate from the hospital.

From the ongoing it is a fact that 90% of those seeking Birth Certificates have to go through the periodic magistrate Court which holds from 4-5 days in Ekondo-Titi every month in order to obtain a Court Declaratory Judgement with its own bottle necks and fees. These so called tips are not given to Council staff, consequently the purported high corruption is a farce and does not exist. Likewise the certification and obtaining of documents are done without any stress. Once Age Declaration Judgements are obtained from the Court what you need is a communal stamp of five hundred francs for your Birth Certificate to be issued to you. In fact because of Ekondo-Titi is probably the most functioning civil status centre in the Division, three (3) Civil Status clerks have booklets which are used simultaneously.

Another point of reservation amongst others which I will not belabor is the purported complete absence of the Mayor and his deputies. This is not acceptable. Though the Mayor at the time went through a protracted sickness and died eventually the present Mayor who was the deputy Mayor at the time was always present at the Office. This can be verifiable.

Therefore following this reaction it is necessary and important to ensure data collection reflects a fair, true and balance assessment of the issues raised.

The initiative is a laudable one and lessons have been drawn where it is appropriate.

Cc

- The Coordinator, NADEV
- Copy File



EXECUTIVE SUMMARY

i) Brief presentation of the objectives of the Scorecard, its methodology and main results

During the third phase of PNDP, one of its expected outcomes was the number of councils that have put in place an operational citizen control and information access mechanism. With this in sight, the main objective of the “Citizen Control for Public Action” (CCPA) survey was to understand the population’s perceptions about their level of satisfaction with regards to public service delivery in the targeted sectors of water, health, education and council services and to come **up** with a citizen control mechanism of public achievement throughout the council area.

Commenté [aa1]: "and to ...?"

The survey targeted 12 councils in the southwest region of Cameroon and within a council area, households were selected with the help of the national institute of statistics, and each selected household was interviewed by the enumerators under the supervision of their council supervisor. The data was then submitted to PNDP and subjected to statistical analysis and the results are interpreted and presented to the various councils with an action plan.

The study revealed the level of appreciation of households within Ekondo Titi, in regards to water supply, health services, education (nursery, primary, secondary and vocational training centers) and council services.

The study revealed that 51.7% of sampled households were not satisfied with water supply, 44% were not satisfied with health services provided, 1.2%-33% of the respondents expressed their dissatisfaction with educational services (*for all levels of education stated above*) and 62.5% were not satisfied with the delivery of council services in Ekondo Titi.

ii) Lists of recommendations based on the results

Water supply

In order to improve access to quality hydraulic services, suggestions were made.

- The construction of adequate and sufficient infrastructure in the council according to the sectorial policy.
- The improvement of the relation existing between the administrations concerned and the population.
- Organize workshops for management committees in villages.

- Rehabilitation of the existing works that have come to a halt.
- Rehabilitation of wells designed to supply potable water.
- Training of the council agents in charge of hydraulic matters and populations sensitization on the servicing of works.
- Extension of council water supply scheme to neighboring communities

Health

- Inform the population about the official costs of consultation for health.
- Supply health centres with essential medicines and ensure a good management of stock.
- Organize consultation campaigns.
- Systematize the spread of information to the population on the management of health centers through the use of dialogue (management committee, health committee).

Education

To ameliorate the basic education services in the Ekondo titi municipality, it is recommended that certain measures be adopted:

- The sensitisation of parents on the essentiality of paying PTA levies for the functioning of schools
- The engagement of the council in consecrating a major part of its investments in the building of classrooms
- Sensitization of the local population and all stakeholders towards the building of classrooms
- Lobby for the transfers of teachers to secondary schools
- Lobby for sponsorship from development partners for the construction of classrooms in the secondary schools.

Council services:

- Organize campaigns to sensitize and explain to the population the objectives of each mandate as well as the major project to realize.
- Sensitize the populations on the services offered by the council and the main conditions to be fulfilled to have access to it.

GENERAL INTRODUCTION

Institutional reform in African countries in recent years has been marked by trials of various forms of decentralisation. In general, hitherto centralised governments have initiated a reform agenda with the aim of transferring some powers, tasks, and resources to regional governments and local authorities. Cameroon like many African countries is currently in the process of decentralising significant functions, previously exercised by the central administration, to local governments. This is in line with the 1996 Constitution, which transformed the country into 'a decentralised unitary state' comprising a central government and several 'autonomous' sub-national governments. It was only after 15 years that the constitutional provisions were transformed into reality, to the satisfaction of many of its citizens. It took another more than 7 years of preparatory work, before the parliament of Cameroon passed three laws on decentralisation in 2004. They establish a framework for decentralisation and make provision for the devolution of powers to local authorities in the economic, social, health, educational, cultural and sports development areas. The supervising authority of state institutions at various levels has been slightly reduced as a result of the law.

It was in line of achieving the much-cherished goal of decentralisation that the government of Cameroon put in place a number of tools towards the aim. One of the main tools used was the National Community Driven Development Programme (with French acronym PNDP), commissioned to contribute towards poverty alleviation using participatory strategies at the level of the local councils. Within the framework for the execution of the PNDP, an agreement was signed between Ekondo Titi Council, the PNDP and NADEV (Nkong Hill Top Association for Development), in which the PNDP has offered technical and financial support to enable NADEV (Local Support Organisation) establish a Citizens' Report Card for the Ekondo Titi Council area. This report card known as the Citizen Control of Public Action (CCPA) has as main objective to get the perception of the local man on the various services offered to them in domains of Water, Health, Education, and Communal Services.

Given this exercise, a survey was conducted by NADEV within the Ekondo Titi municipality, for which the results will help provide suggestions for changes in the domains of Water, Health, Education, and Communal Services. NADEV is expected during this exercise to;

1. Take part in the preparatory activities for the launching of the process;
2. Participate in the Regional workshop of the launching of the process;
3. Technically organize the launching process at the council level;
4. Contribute in the sensitization of stakeholders;

5. Select enumerators and organize their training while putting at their disposal collection tools;
6. Collect data from sample households within the Ekondo Titi council area (average 320 households). The collection of data shall be done with the help of questionnaires which shall be put at the disposal of NADEV by the Program;
7. Interpret and produce a report on the investigation for Ekondo Titi council;
8. Negotiate changes in the course of council restitution workshops;
9. Participate in restitution workshops at the divisional, regional and national levels.

NADEV so far has accomplished the first six tasks, and is currently on the seventh task for which this report is intended.

Structure of the document

The structure of the report constitutes the following sections:

- Executive summary
- General Introduction
- Methodology for the Execution of Citizens Control of Public Action Within the Ekondo Titi Municipality
- Main findings and suggested recommendations
- Plan of action for the establishment of the citizen control of public actions in the Ekondo Titi municipality
- Annexes

CHAPTER ONE

LEGISLATIVE AND REGULATORY FRAMEWORK OF DECENTRALISATION AND LOCAL DEVELOPMENT IN CAMEROON

1.1 Legislative and Regulatory Framework of Decentralisation

Law No. 96/06 of 18 January 1996 to amend the Constitution of 2 June 1972, deliberated by the National Assembly and enacted by the President of the Republic, clearly defines the role played by the legislative Executive and Judicial arms of government. This law also defines the geographical boundaries of the regions and the creation of regions by the Head of State.

The first major innovation ushered by the reforms of 2004 is the creation of the Region. As of now, the administrative Regions have been created by a decree of the Head of State. The former ten provinces were transformed into ten Regions. The said regions, however, are still to effectively take off in their functioning as provided for by Law No. 2004/19 of 22 July 2004 to fix the Rules Applicable to Regions.

The latest laws on Decentralisation in Cameroon date back to 2004, 2009 and 2011 with the specifications on the transfer of powers in various domains by the State to local authorities. The three main laws of 2004, however, include:

- Law No. 2004/17 of 22 July 2004 on the Orientation of Decentralisation;
- Law No. 2004/18 of 22 July 2004 to fix the Rule Applicable to Councils;
- Law No. 2004/19 of 22 July 2004 to fix the Rules Applicable to Regions.

These laws introduced some major innovations compared to the previous law, viz, law No. 74/23 of 5 December 1974 to organize Councils. Presently the domains of competence of local authorities have increased from social, cultural and economic, to include, health, education, water supply, sports and other local services. For example, hence forth, councils can create, equip, manage, and maintain council health centres on the one hand; create, equip, manage, and maintain kindergartens, nursery, and primary schools on the other.

As concerns the survey on citizen perception of public action, the sectors of health, water supply, education, and council were of primary concern at the council levels. Here, the councils have the following competencies;

Education.

Decree No. 2010/0247/PM of 26 Feb, 2010 lays down conditions for the exercise of some powers transferred by the State to councils relating to Basic Education. This decree lays down the conditions for the exercise by councils, as from the 2010 financial year, of the powers transferred by the State relating to Basic Education and is an execution of the July 2004 law, on the rules applicable to councils, which concerns nursery, primary, secondary and vocational training institutions. The Law states that councils shall;

- Take part in keeping with the school map, setting up, equipping, managing, tending, and maintaining council nursery and primary schools and pre-school establishments.
- Recruit and manage back-up staff for the schools.
- Participate in the procurement of school supplies and equipment
- Participate in the management and administration of state high schools and colleges in the region through dialogue and consultation structures.
- Prepare a local forward plan for training and retraining
- Draw up a council plan for vocational integration and reintegration.
- Participate in the setting up, maintenance and management of training centers.

Water sector.

Decree No. 2010/0239/PM OF 26 Feb, 2010 lays down conditions for the exercise by councils, as from the 2010 financial year, of some powers transferred by the State relating to safe drinking water supply in areas not covered by the public water distribution network conceded by the State, especially the project ownership and management of wells and boreholes. Councils shall exercise the powers transferred by the State relating to the project ownership and management of wells and boreholes, without prejudice to the following State responsibilities and prerogatives:

- Design and implementation of sustainable water and sanitation development plans and projects;
- Definition of guidelines, national policies and strategies on water resources management;
- Spring and mineral water exploitation;
- Laying down of conditions for the protection and exploitation of surface and underground waters.

Health sector.

Decree No. 2010/0246/PM OF 26 Feb. 2010 lay down the conditions for the exercise by councils, as from the 2010 financial year, some powers transferred by the State relating to health, particularly the building, equipping, maintenance and management of Integrated Health Centres.

Councils shall:

- Participate in drawing up, implementation and the continuous assessment of public health policy.
- Participate in the organization, management and development of public hospital establishments and the technical control of private health establishments.
- Participate in defining conditions for the creation, opening and running of public and private health establishments.
- Participate in the laying down and controlling of the building, equipping and maintenance Standards of public and private hospitals establishments.
- Participate in drawing up and updating the health map.

Council.

Law No 2004/018 of 22 July 2004 in its sections 15, 16 and 17 lays down the powers devolved upon councils for economic development.

Here the Council shall be in charge of the;

- Organization of local trade fairs
- Provision of support income and job generating micro projects
- Development of local agricultural, pastoral, handicraft and fish farming activities
- Development of local tourist attractions
- Building, equipment, management and maintenance of markets, bus stations and Slaughter houses.

1.2 Local Development Promotion

In line with the law, the Government of Cameroon with the assistance of its technical and financial partners put in place PNDP in a bid to improve on the living conditions of the population in the rural areas.

After the first phase (2005-2009) that has been adjudged satisfactory, the Government has set up a second phase in order to extend the execution of PNDP in all councils in the rural zones.

The financing sources of this 2nd phase by funders are as follows:

- Cameroon Government through the BIP, funds of bilateral and multilateral remitted debts
- The World Bank through the new Credit IDA Cr-4593 CM
- Beneficiaries who contribute in cash or in kind for the financing of their micro projects.
- Added to these financing are residual amounts for the financing of the first phase by the German Cooperation (KfW).

The three components of the PNDP within the framework of its second phase are:

- Financial support to local development through which funds put at the disposal of councils in a form of budgetary allocation previewed, amongst others to elaborate communal Development Plans, co-finance micro projects identified through participatory diagnosis, take care of and in a regressive manner the salaries of two Council agents.
- Support to councils within the framework of decentralisation with the objective to pursue the amelioration of the legislative and statutory framework of the decentralisation process and build technical and operational capacities of the councils in order to enable them anchor in an efficient manner the decentralisation process.
- Coordination, management, monitoring & evaluation and communication.

In the course of the first phase, PNDP deployed its actions in 155 councils of 6 regions (Adamawa, Centre, West, North, South and Far North) of the country. With the second phase, the Program henceforth covers all of Cameroon's 10 regions and envisages deploying its activities in 329 councils including those of the south west region

PNDP's objective for the second phase remains the same as in the first. Focus is laid on ameliorating access to specific basic social services (health, education, water and sanitation, and communal services) in the councils earmarked and extending support of the ongoing decentralization process in the new regions. This objective narrows itself down to specific goals underscored within the framework of results with one of its indicators showing interest particularly to « the number of councils possessing a citizen control mechanism for the management of subventions as well as an operational mass communication system ».

In a bid to guarantee the attainment of this indicator in particular, support to councils within the framework of setting up a public action citizen control mechanism in their respective territories has been envisaged. During the second phase of the programme, PNDP launched a pilot phase operation in ten (10) councils within the national territory in order to put in place the above mentioned mechanism through the « Citizen Reporting Cards » (CRC), for which

Idenau council was part. This first experience made it possible to draw lessons that were capitalized for the scaling up of the third phase, for which 160 councils were targeted for the survey and Ekondo Titi council area was part.

1.3 The Ministry of Decentralisation and Local Development (MINDEVEL)

In a move that has been seen as a major step in furthering the decentralization process in Cameroon the President created on the 2nd March 2018 the Ministry of Decentralisation and Local Development.

The missions assigned to this ministry are oriented towards two specific areas: decentralization and local development.

With regards to decentralization, the ministry is in charge of:

- The elaboration of legislation and regulations relating to the organization and operation of decentralized territorial communities,
- The evaluation and monitoring of the implementation of decentralization. ;
- The monitoring and control of decentralized territorial authorities (CTD);
- The application of legislation and regulations on civil status;
- Finally, under the authority of the President of the Republic, the Minister of Decentralization and Local Development exercises the supervision of the State over decentralized territorial councils.

In the field of local development, the ministry promotes the socio-economic development of regional and local authorities and ensures the practice of good governance within them.

In addition, the ministry exercises State supervision over a number of organizations involved in this sector. This is the case with the Local Council Support Fund for Mutual Assistance (FEICOM), the Local Government Training Center (CEFAM) and the National Civil Status Registry Bureau (BUNEC).

1.4 Brief Presentation of the Ekondo Titi Council Area.

1.4.1 Historical and Administrative organization of the Council

Created in 1977 by Presidential decree No.77/205 of 29/06/1977, splitting the then Ndian area council into four new councils; Ekondo-Titi, Mundemba, Bamusso and Isangele. The Ekondo-Titi council has a population of about 56,503 inhabitants on 1.750 square kilometres surface

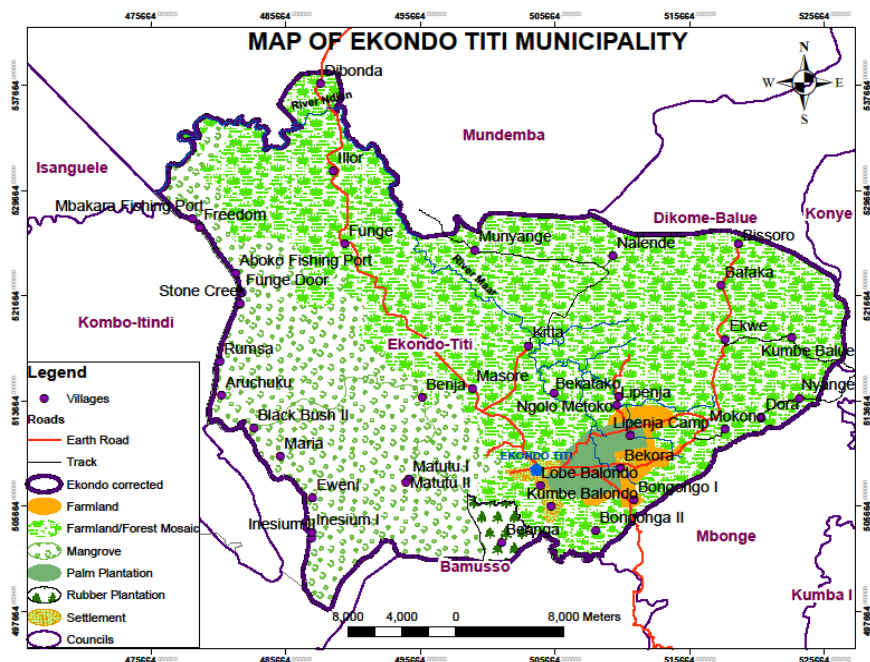
area. The sub-division is made up of the maritime and the main land area. The main land area is composed of 26 villages (Dibonda, Loe, Illor, Funge, Ekondo-Nene, Masore, Kitta, Nalende, Munyenge, Bisoro, Bafaka, Pondo, Kotto, Kumbe Balue, Ekwe, Njima, Iribanyange, Dora, Mokono, Bekatako, Lipenja, Bongongo I, Bongongo II, Lobe Town, Kumbe Balondo and Berenge), 1 C.D.C workers camp (Beyanga) and 3 urban spaces (Ekondo-Titi, Bekora and Lobe Estate), while the maritime constitutes the 19 kombos (Eweni, Aruchuku, Aboko, Funge Door mouth, Bakara, Benja, Stone creek, Godgift, Freedom, German Beach, Nyanga, Matutu I, Matutu II, Inesium I, Inesium II, Black Bush I, Black Bush III, Kombo Maria, Rumsa,). The council is located some 56km from Kumba the economic headquarters of the South West region, the Ekondo-Titi council is bounded to the East and South East by the Mbonge Council, North East by Dikome Balue Council, North West by Mundemba Council, West by Kombo Itindi Council and South by Bamusso Council.

The council has huge forest resources, a very rich mangrove swamp forest, a maritime zone and a huge agro-industrial palm plantation.

1.4.2 Economic Aspect of the Council

The basic socio economic infrastructures of the municipality include; health centre; (4 government), plantations of CDC, PAMOL and other small holders; primary schools, 50 (public 36, mission 8, lay private 6) and 16 secondary schools (11 Government, 1 mission 4 Lay Private), four types of financial institutions namely: Lobe Credit Union, Express Union, FIFFA and MC2 Bank. Transportation in the maritime is very commercial with large sea engine boats. There is just one constructed market (Ekondo Titi), 4 villages are connected to AES SONEL electrification scheme, 2 communities have pipe borne water, 1 social center and 2 functional boreholes and 15 good wells in the municipality.

Figure 1: Map of Ekondo Titi Municipality



Source: CDP Ekondo Titi Council, 2011

1.4.3 Description of the biophysical environment

The Ekondo-Titi municipality is sub divided into two zones i.e. the maritime and the mainland area with two distinct biophysical environments. The maritime area which comprises about 19 Kombos (fishing ports) is surrounded by an evergreen mangrove ecosystem forest with a variety of biodiversity i.e. birds, reptiles and animal species. This area is accessible through the creeks. This area is highly risky during the raining season due to its swampy nature. However, these swamps also serve as a breeding ground for diverse fish species. Generally, Ekondo-Titi is an area of low relief dominated by the Ndian Basin. However, the range of Rumpi Hills with an altitude of 1764m above sea level stretch to part of Ekondo-Titi Sub Division, precisely in the Balue area (Bisoro, Bafaka, Kotto, Munyenge) and constitute the high lands of the Ekondo-Titi Council area. With respect to hydrology network, the Rumpi Hills constitutes the main catchment area from which the River Meme, Ndian, and Ma'a (which are the main rivers in the Sub Division) take their rise and drain into the Atlantic Ocean. These rivers increase in volumes in the rainy season and reduce in the dry season.

1.4.3.1 Climate

Ekondo-Titi, as well as the entire Ndian Division has an equatorial climate, but its dominant lowland topography (exempting the highlands towards the north east), and its proximity towards the sea provokes an equatorial maritime climate type along the Atlantic coast. The Climate is characterised by two seasons (rainy and dry) determine by the apparent movement of the overhead sun and seasonal tropical winds. Generally, annual rainfall is high. It ranges from 480mm on the lowlands and 4000mm on the windward slope of the Rumpi Hills. Maximum rainfall occurs between July and October when the South West Monsoon winds or the Westerly's are strongest and minimum between December and January when the North east trade winds or hamattan are dominant. Temperatures are uniformly high, mean annual being about 26°C; it reduces by altitude to 16 or 20°C towards the villages to the Rumpi Hills. Requisite climatic conditions and relief gives the sub-division from the Atlantic coast, a mangrove swamp forest, an equatorial evergreen forest up to the foot of the Rumpi Hills and an Afro-Montana forest on the Rumpi hills where patches of Savannah also exist.

1.4.3.2 Vegetation

The vegetation is quite rich in biodiversity with tropical species of economic importance including hard wood like Iroko, sapelle, mahogany, small leaves, mangrove etc, and a variety of NTFPs and Fauna. However, this forest and biodiversity is alarmingly degrading by small holders and agro-industries like PAMOL and CDC, unsustainable illegal logging, subsistence and cash crop agriculture and poaching for bush meat.

1.4.3.3 Fauna and Floral

The Ekondo-Titi municipality is endowed with a forest composed of a rich variety of fauna and flora. It also possesses a mangrove forest and creek which are breeding sites and habitat of diverse fish and other aquatic species. Domestic animals (Cattle, cat, dog goat, sheep, fowls, pig) and fruit trees (mango, pear, plum, guava, orange, grape, apple etc) are common in the villages.

1.4.4 Demography

Ekondo-Titi municipality has an estimated total population of 54,096 (head counts, field survey, 2011) inhabitants and a total surface area of 1,750 km square giving a population density of 31 persons per km square. Assuming a national annual population growth rate of 3%, it is projected to be 91,422 inhabitants by 2035. The increase in population is partly due to the presence of the agro-industry, Pamol, an increase in food production resulting from the economic growth, improvement in health care facilities, increase in educational infrastructure,

and immigration. There is an influx of population especially in the maritime area (creeks) of Inesium I as a result of the increased fishing activities of Nigerians and Ghanaians off the coast of Ekondo Titi. In the mainland area, the increase in population is partly due to the presence of the giant PAMOL and CDC plantations. A factor which might have led to a rapid increase of population in Ekondo-Titi town might have been the creation of the military Battalion, their families and other people also have come to take advantage of the consequent improvement in the business potentials of the town.

Table 1: Population distribution in Ekondo Titi Municipality

Village	Men	Women	Youth below 15yrs	Children below 5yrs	Total
Bisoro Balue	198	260	260	119	837
Ekwe	208	195	200	95	698
Kumbe Balue	150	225	285	182	842
Matutu 1	8	13	17	22	60
Matutu 2	47	68	20	35	170
Inesium 1	600	737	400	100	1837
Inesium 2	43	58	20	29	150
Iriba Nyange	90	125	165	70	450
Eweni(Elisabana)	15	20	25	40	100
Rumsa Fishing Port	5	6	5	4	20
Aruchuku	52	86	42	20	200
God Gift fishing port	6	4	4	6	20
Stone Creek	6	8	9	5	28
Benja (Kombo)	5	8	11	6	30
Bakara fishing port	25	20	25	10	80
Aboko fishing port	6	5	11	8	30
Dibonda Balondo	205	200	150	45	600
Beyanga	59	30	61	83	233

Lipenja Native	545	700	400	60	1705
Njima	40	55	48	20	163
Kotto	89	100	118	43	350
Mbwengi	19	14	8	10	51
Lobe Town	500	600	350	250	1700
Pondo Balue	380	550	370	200	1500
Bekatako	71	130	100	58	359
Dora	65	102	33	43	243
Mokono	98	134	170	80	482
Bafaka Balue	385	450	400	200	1435
Kitta Balue	359	505	436	200	1500
Nalende Balue	125	150	160	105	540
Ngolo Metoko	300	200	650	350	1500
Kumbe Balondo	75	98	167	60	400
Illor	178	254	250	78	760
Loe Balondo	110	120	175	120	525
Ekondo Nene	130	98	75	47	350
Bongongo 1	411	343	452	548	1754
Bongongo 2	100	128	115	85	428
Funge Balondo	255	300	230	195	980
Funge Door-mouth	62	40	69	29	200
Kombo Maria	28	20	34	21	103
Nyanga Fishing Port	45	30	45	30	150
German Beach Fishing Port	30	35	20	15	100
Berenge	20	35	15	15	85
Freedom fishing port	10	6	11	6	33
Black Bush 1	129	186	125	75	515
Black Bush 3	27	38	62	23	150

Masore	250	350	200	150	950
Lobe -Estate	2000	1300	1000	900	5200
Bekora	2200	3500	2000	800	8500
Ekondo Titi	4300	5800	3200	1700	15000
Total	15,064	18,439	13,198	7,395	54,096

Field Survey 2011

CHAPTER 2

METHODOLOGY FOR THE EXECUTION OF CITIZENS CONTROL OF PUBLIC ACTION WITHIN THE EKONDO TITI MUNICIPALITY

2.1 Study Context

As mentioned already above, since the second phase of the PNDP Program, one of the expected results is "the number of councils that have put in place an operational mechanism on citizen control and access to information" A pilot phase was conducted in 2011 and covered 10 councils in the 10 regions (Idenau in the Southwest Region). This first experience provided knowledge for the scaling up of the third phase. The pilot phase has enable us to;

- See a great enthusiasm of the population as they give their opinion on the development of their localities.
- Identify some points of improvement on which the various sectors and Mayors need to take into consideration in the management of their sectors and localities respectively.
- Identify some points of attention for a successful operation.

In order to obtain reliable information for this operation, phase III of PNDP was to carry out a survey in 160 councils with households in order to capture their perceptions for the services offered in the domains of Water, Health, Education and Council services. The responsibility was shared between CSOs and NIS:

- The technical leadership of the operation entrusted to NADEV (CSOs) for their independence and their knowledge of the environment.
- The technical support from the National Institute of Statistics (NIS) is predominant both on design and on the operationalization of the survey methods and data analysis.

2.2 Objective and Methodology of CCPA

The main aim was to support the council in realising citizen control mechanism of the activities of the council. The CCPA also had as objectives after the realisation of the Scorecard to promote good governance, increase effectiveness of public actions, and enhance the capacities

of vulnerable population and the underprivileged persons to make known their problems. More specifically, the CCPA aimed at;

- Identifying the stakes and actors (administration and users)
- Collecting data and disseminating the results in 160 councils in collaboration with 19 Civil Society Organizations (CSO)
- Strengthening the capacity of 160 councils to take advantage of the knowledge acquired and adopt changes that will be suggested at the end of the activity.
- Put in place a conservation framework that will regroup several institutional actors at the council, Divisional, Regional and National levels in order to promote the institutionalization of CCPA

In this light, the methodology adopted for the execution of the CCPA included:

- Put in place coordination and execution bodies at the National, Regional, Divisional and Council levels.
- Organize a workshop at the National and Regional levels to bring together institutional actors who can contribute to the institutionalization of this operation (MINEPAT, MINAT, UCCC, MINSANTE, MINEE, MINEDUB, MINESEC, NIS, GIZ, ministry of decentralization and local development etc.)
- Negotiate the engagement with stakeholders on the operation.
- Collect, process and analyze data.
- Produce reports.
- Disseminate information / knowledge acquired and negotiate the changes with target councils.

2.3 Method of sampling and data collection.

2.3.1 Sampling

2.3.1.1 Survey area and target population

The study on CCPA covered the entire Ekondo Titi municipality, with a target population of earmarked households within the municipality. Based on a list of enumerated households provided by the Complementary Survey of the Fourth Cameroon Household Survey (EC-

ECAM 4), the opinion polls were gotten from a number of sampled households within each village/quarter within the municipality.

2.3.1.2 Sampling Method of the Survey

A stratified random sampling technique was employed in the identification of households to take part in the study, and was done by NIS

2.3.1.2 Sample Size of the Study

The sample size of the study was given as 320 households per council area, according to the sample size in the ToR (Terms of Reference) which was also calculated by NIS. The formula applied for this is given below as follows;

$$n = \frac{z^2 \times P(1 - P)}{e^2 + \frac{z^2 \times P(1 - P)}{N}}$$

Where:

- N represents the total number of households in the community
- e is the error margin (set at 5%)
- z refers to the level of reliability (at 95%, z=1,96)
- P stands for the proportion of the population satisfied with the services offered (given that the level of this indicator is unknown to our population, we set it at 50%)

The application of the above formula gives us a sampling size of 320 households.

2.3.2 Data Collection

i) Data Collection Tools

The main tool for data collection was the questionnaire made up of five main sections; the background, Drinking water, Health, Education, and Council services. It was accompanied with the cartographic map and list of households in the municipality, and the data collection manual.

ii) Data Collection

The data collection process was carried in two main stages, the training of enumerators and the proper collection of data.

a. Training of Enumerators

The supervisors were first trained in Buea and then sent to their various councils. Each supervisor is at least a bachelor's degree holder. The supervisors then assisted in the training

of the enumerator which took place at the Ekondo titi council area from the 16th to the 19th of October 2017. NADEV trained 14 enumerators who are at least advance level holders and 10 were selected competitively through field testing and simulations for the data collection which lasted for 6 days and covers the period of 20th to the 25th of October 2017

b. Data Collection Proper

Data collection was done for six days from the 20 to the 25 of October 2017. The exercise was preceded by a sensitization operation (information meeting, launching workshop involving all administrative, religious and traditional authorities). The investigation unit being households, the questionnaire was addressed as a priority to the household head or any other member of the household present at the time of the data collection, and who has the ability to provide answers to the questions asked and mature enough.

c. Treatment and Analysis of the Data Collected

The answered questionnaires were cross checked by the supervisor and handed over to NADEV which in turn cross checked and then sent it to PNDP who later sent it to the national institute of statistics for analysis. The data was subjected to statistical analysis.

2.4 Method for Measuring Indicators of Perception

The perception indicators in this survey were measured quantitatively and the number of people affected by a particular need was important. The four sectors chosen in the survey are sensitive and the satisfaction of the population was then quantified and put up in percentages.

Commenté [aa2]: strategic/very important

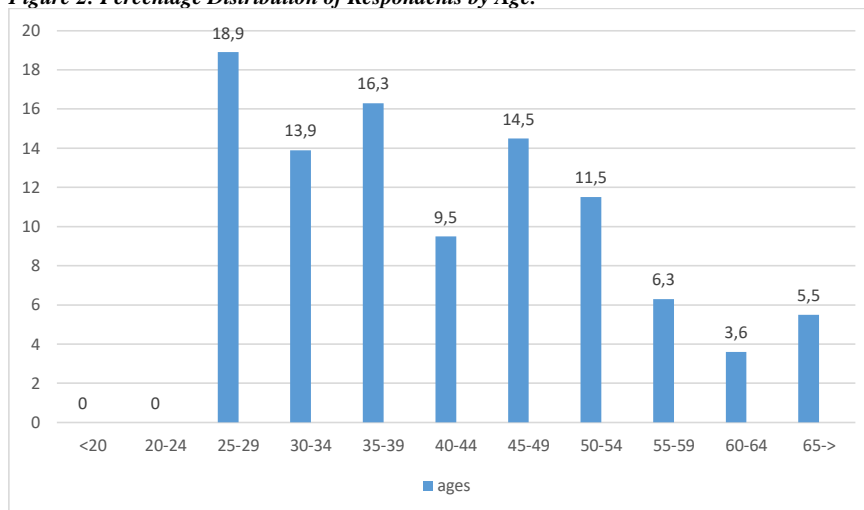
CHAPTER THREE

MAIN FINDINGS AND SUGGESTED RECOMMENDATIONS

3.1 Characteristics of the Sampled Population

The surveyed population is presented in to ages and sex. The house hold heads are presented with their ages and sexes put in percentages.

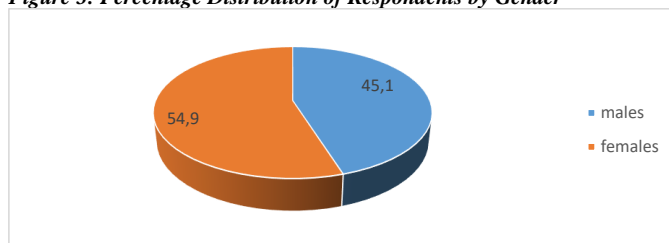
Figure 2: Percentage Distribution of Respondents by Age.



Source: survey report CCPA Ekondo Titi, 2017

The age group that has the highest number of respondent in the Ekondo Titi council area is the range between 25 and 29 and the least is less than 24.

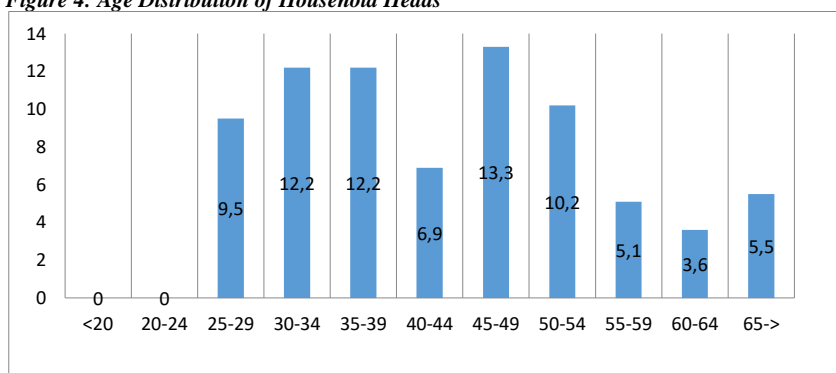
Figure 3: Percentage Distribution of Respondents by Gender



Source: survey report CCPA Ekondo Titi, 2017

More females responded to the questionnaire than men in this council area

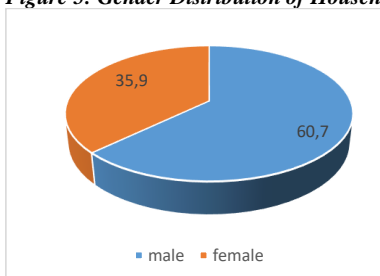
Figure 4: Age Distribution of Household Heads



Source: survey report CCPA Ekondo Titi, 2017

The age group that has the highest number of house hold heads is the range between 45 and 49

Figure 5: Gender Distribution of Household Heads



Source: survey report CCPA Ekondo Titi, 2017

Most house hold heads are men in this council area.

3.2 Water Sector

The main water supply sources in the Ekondo Titi area is private sources or personal wells, with some few public water sources recently put in place but not fully functional while the other sources are open pit wells, wells with pumps, protected wells, wells with manual pumps, water supply, spring/ river. But there are a few public sources which are supplied by the PAMOL palm estate in some of the villages in the area that the survey covered. Majority of the

Commenté [aa3]: what are "private sources"?

population get water from wells while about 24.1 % get water from springs and rivers in the area.

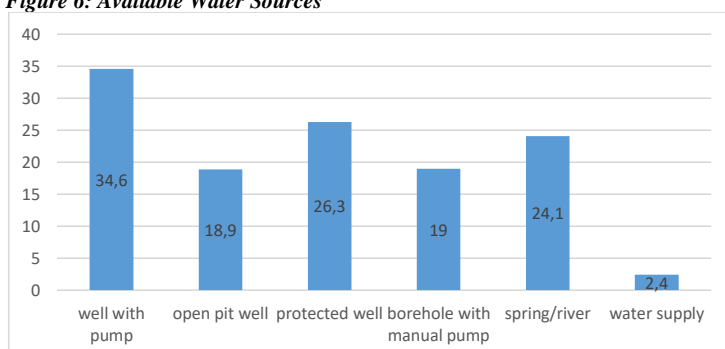
3.2.1 Availability and Utilization

There is difficulty in getting **portable** water in this area but for the wells. This is because of lack of public taps and wells structured to serve the population in the villages. This research reveals that 34.6% of the population get water from wells with pumps, 18.9 from open pit wells and 26.3% from protected wells, 19% from boreholes with manually operated pumps, 24.1 % from springs and rivers and 2.4 % from water supply (other sources).

Commenté [aa4]: What is potable water??????

Commenté [aa5]: What do you mean by "water supply"

Figure 6: Available Water Sources

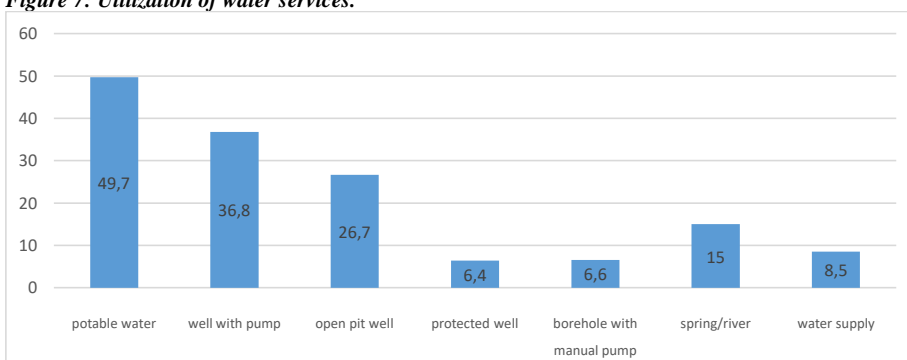


Source: survey report CCPA Ekondo Titi, 2017

The principal source of water used in this area is **portable** water with 49.7% of the population using it while the least used is protected well with 6.4%

Commenté [aa6]: Again, what is potable water???

Figure 7: Utilization of water services.

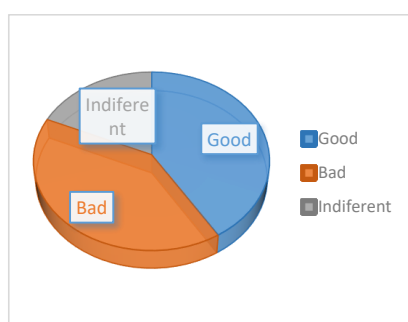


Source: survey report CCPA Ekondo Titi, 2017

3.2.2 Quality and Cost of Water Services

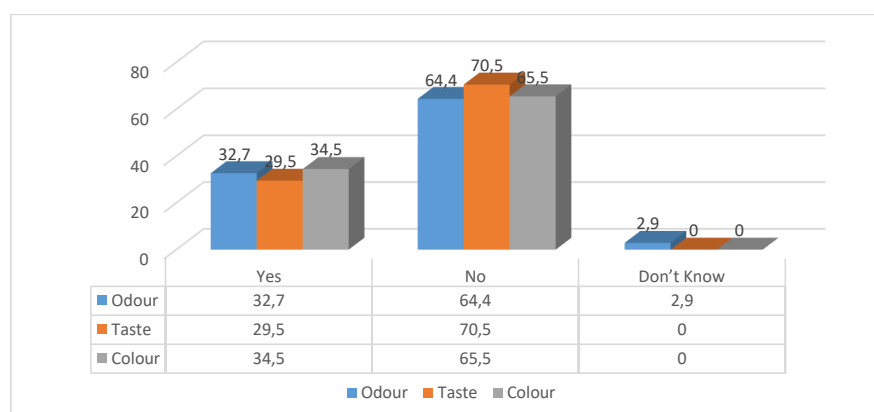
The population has wells as their main water supply source and also consume potable water but their conclusion on water quality is: 41.1 % which says they have a good water quality, 40.6 % say they have a bad water quality and 18.3% of the population was indifferent this reveals that the water supply in the Ekondo Titi municipality is **not of good quality**.

Figure 8: General Portable Water Quality within Ekondo Titi Municipality



Source: survey report CCPA Ekondo Titi, 2017

Figure 9: Detailed Portable Water Quality within Ekondo Titi Municipality

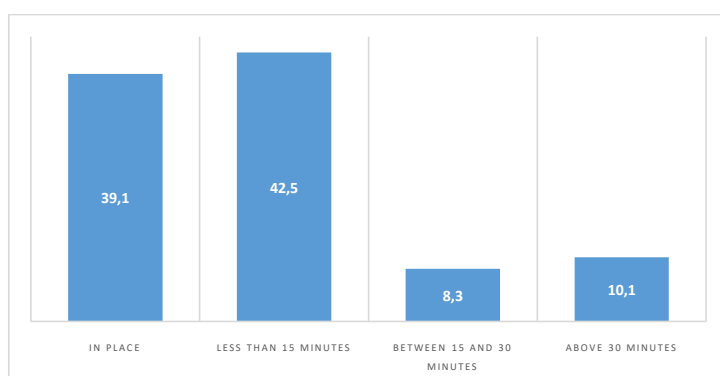


Source: survey report CCPA Ekondo Titi, 2017

The majority of the population in this council area says their water sources don't have odor, taste nor color but a fraction of the population confirms that the water has taste, color and odor which reveals that there is a call for concern as to the water quality in this area. Just 8.3 percent of people in this area pay for water they use as their principal source.

3.2.3 Appreciation of Water Services

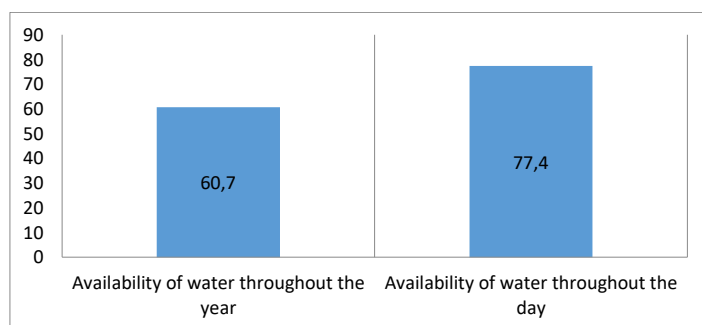
Figure 10: Time used on Foot to fetch water for the Household (%)



Source: survey report CCPA Ekondo Titi, 2017

More people (42.5%) in this area get water 15 minutes away from their homes while 39.1 % get it in place. The others (8.3%) go for 15 to 30 minutes to get water and 10.1 % go for above 30minutes to get water.

Figure 11: Availability of water throughout a year and throughout a day



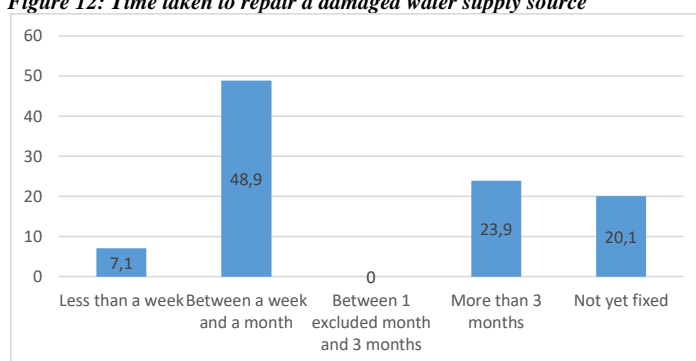
Source: survey report CCPA Ekondo Titi, 2017

60.7 % of people in the Ekondo Titi council area have availability of water throughout the year in a public source. Whereas there is 77.4 % of people who have water in a public source the whole day and every day.

3.2.4 Dissatisfaction with the Provision of Portable Water Supply

Time taken to repair the water supply in case of damage

Figure 12: Time taken to repair a damaged water supply source

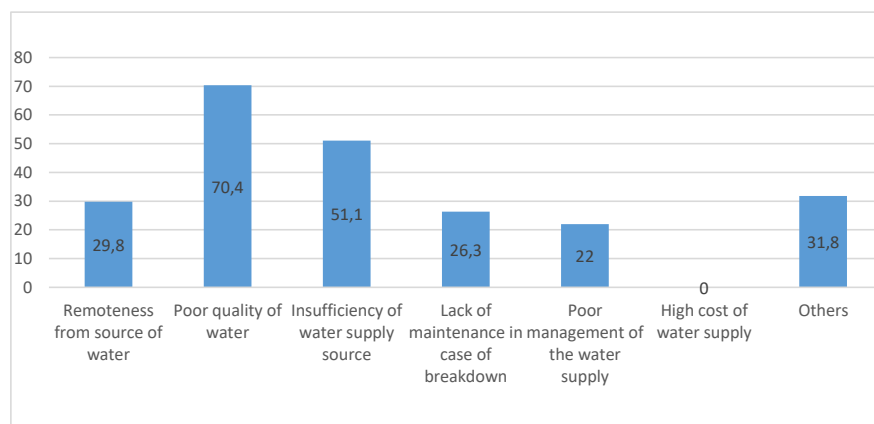


Source: survey report CCPA Ekondo Titi, 2017

35.5 % of this population has expressed the need for potable water in the past 6 months to the data collection on this study. 51.7 % of people expressed their non-satisfaction on the hydraulic services delivered in the area and they have different reasons for their non-satisfaction which are;

- Remoteness from the water source
- Poor quality of water
- Insufficiency of water supply
- Poor management of water supply
- Lack of maintenance in case of breakdown
- High cost of water supply

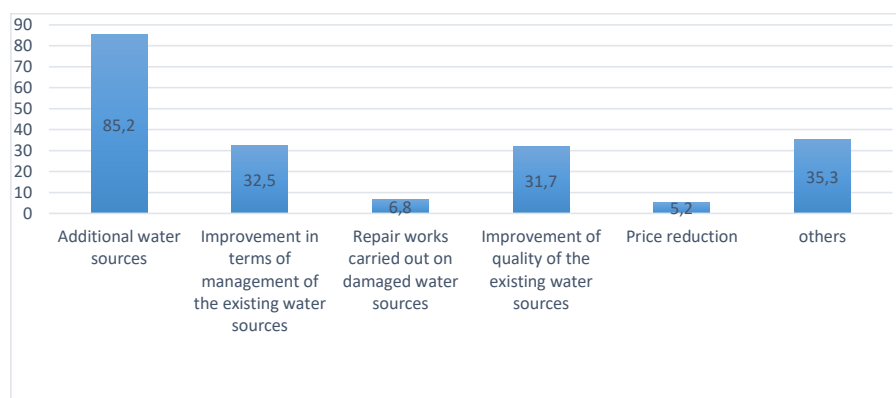
Figure 13: Reasons for the populations dissatisfaction in hydraulic supply



Source: survey report CCPA Ekondo Titi, 2017

3.2.5 Main Expectations in the Supply of Portable Water

Figure 14 Expectations of the population on hydraulic services.



Source: survey report CCPA Ekondo Titi, 2017

A large portion (85.2 %) of the population in the Ekondo Titi council area are for the fact that there should bring in an additional water supply source and developed existing water sources.

The population of the Ekondo Titi council area are having serious issues with potable water as they mostly drink and use open pit wells

Aspects to be worked on:

The points below have been identified to be ameliorated because it needs specific attention for its improvement:

- inadequate hydraulic infrastructures in the council area
- Poor communication and sensitization between the council and the population as regards assistance to the hydraulic problem;
- Very poor involvement of the authorities that be (councils, delegation of water and energy) and a trifling concern of the elites in solving the population's problems.
- Very poor reactivity of the authorities that be in solving the population's hydraulic problems.
- Construction of an alternative water supply source.

Suggestions for improvement

In order to improve the access to quality hydraulic services, suggestions were made as follows:

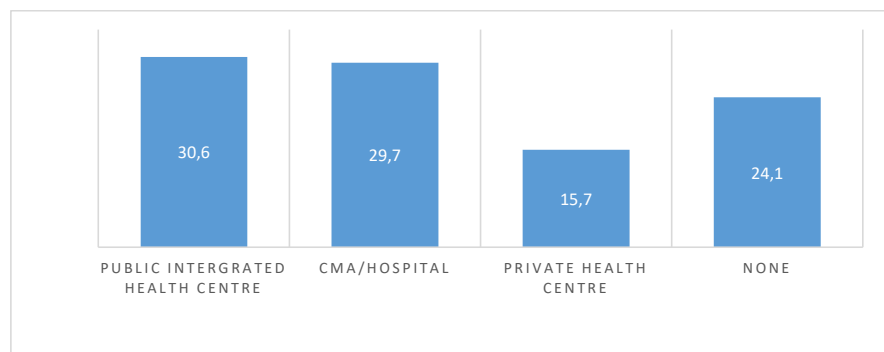
- The construction of adequate and sufficient hydraulic infrastructure in the council area according to the sartorial policy in force. The consideration of carrying out feasibility studies of the project should henceforth constitute a preliminary to the realization of subsequent hydraulic projects.
- The improvement of the type of relation existing between the administrations concerned and the population.
- The boosting and training projects management committees in villages in order to guarantee the sustainability of those works.
- The rehabilitation of wells designed to supply potable water.
- The training of council agents in charge of hydraulics and sensitizing the population on the servicing of works

3.3 Health Sector

3.3.1 Availability and Utilization

The population of Ekondo Titi municipality has health facilities close to their homes with 30.6 percent having public integrated health centers, 29.7% having CMA/hospital and 15.7% having private health centers. Then 24.1% has no health care unit around their houses showing there is a lapse in the health care sector. This population has all the different types of health care service but there are limited in relation to the number of inhabitants of the area. Some of the villages are very remote such as Kotto, Kitta balue, Bafaka balue and the road network is poor which makes it challenging to get to the closest health care facility.

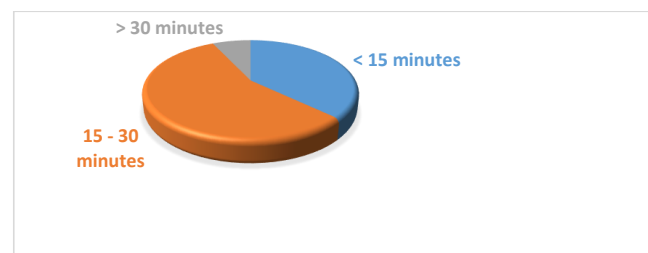
Figure 15: Closest Health Units to Households within the Municipality



Source: survey report CCPA Ekondo Titi 2017

Majority of the population in this council area use between 15 and 30 minutes to get to the closest health care facility to their homes and there is a fraction that uses above 30 minutes showing there is a need for more health facilities to be evenly distributed to serve the population.

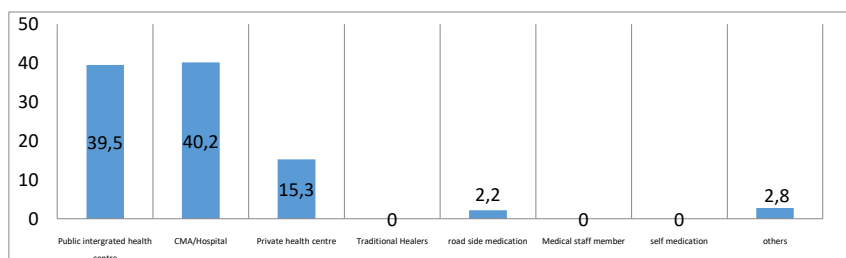
Figure 16: Time used to get to the nearest Health Center by Households in the Community



Source: survey report CCPA Ekondo Titi, 2017

The people of the Ekondo Titi municipality are health conscious and know that they are to visit the hospital when faced with a health issue so this survey proves that 40.2% of the population visit CMA/hospital, 39.5 % visit public integrated health center and 15.3 % visit private health center and road side medicine is just for about 2.2 % of the population and others including traditional treatments takes 2.8 percent.

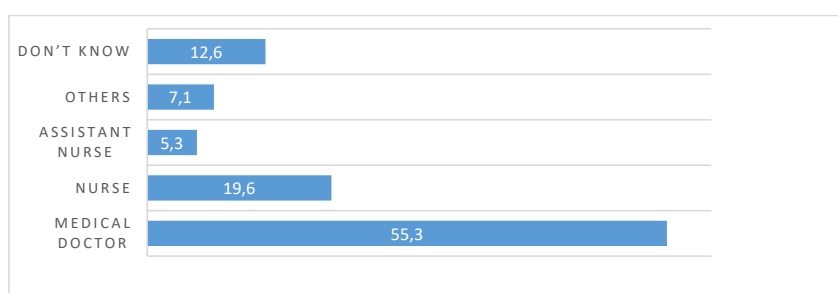
Figure 17: Households preference of Health service in case of Illness



Source: survey report CCPA Ekondo Titi, 2017

74.1 % of households in the Ekondo Titi area visit the health care units closest to their houses when faced with health issues.

Figure 18: The medical practitioners who attended to the people during their visits to the hospital



Source: survey report CCPA Ekondo Titi, 2017

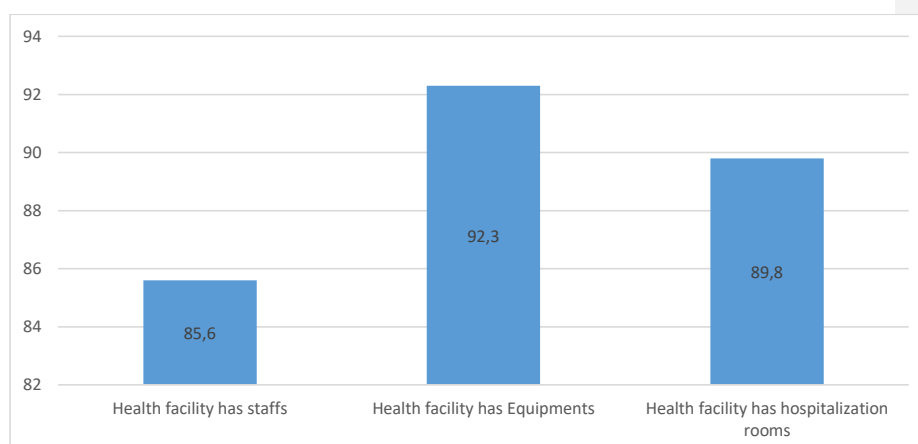
Generally, 87,4% of persons who had been to either a public or private health centre affirmed that the personnel is present on a regular basis; 12,6 % affirmed to have never met a health personnel and /or benefitted from the services of any personnel in particular when in need of medical attention. 55.3 % were attended to by the medical doctor, 19.6 % by a nurse, 5.3 % assistant nurse and 7.1 % others such as the director of the centres. This shows that the doctors are mostly available in the health care facilities

3.3.2 Quality and Cost of Health Services

The people who visited the health units in this area in the past 12 months says they have materials, staffs and hospital rooms. Medical staffs are present 85.6 % of the times this people go to the health facilities. 89.8 % of the population attested to the fact that the health care facilities have rooms.

Basic materials (injections, spirit, scissors, etc) are always available for 92.3% of respondents, as against 7.7 % who affirmed to have noted the absence of these materials in health service.

Figure 19: Representation of the presence of staffs, equipment and the presence of hospitalization rooms

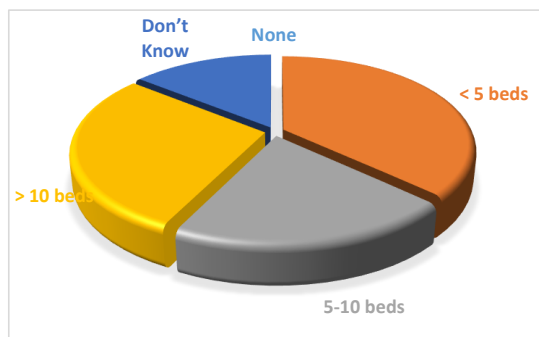


Source: survey report CCPA Ekondo Titi, 2017

3.3.3 Appreciation of Health Services

From the survey it is clear that the rooms in this health facilities have beds ranging from about 5 to 10 beds per room.

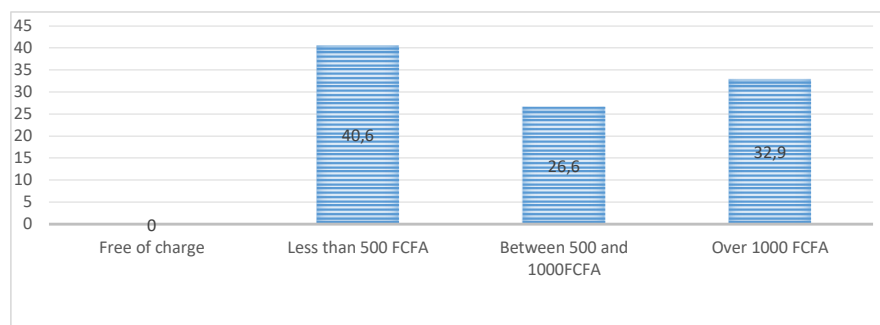
Figure 20: Appreciation of Medical Staff by Households



Source: survey report CCPA Ekondo Titi, 2017

74.8% of people have paid consultation fees in the nearest health unit. Amount paid for consultation ranges from < 500 FCFA to > 1000 FCFA with 40.6 % paying less than 500 FCFA, 32.9 % paying over a 1000 francs and 26.6 % paying between 500 and 1000 francs. And no one has been consulted free of charge in this health facilities.

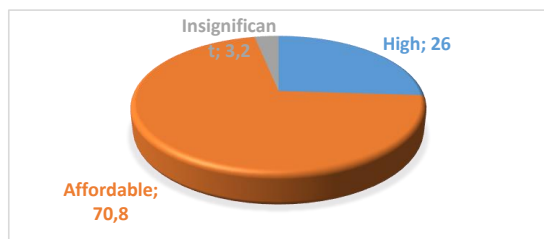
Figure 21: Amounts paid for consultations



Source: survey report CCPA Ekondo Titi, 2017

Majority (70.8%) of the population says the amount they pay for consultation is affordable while 26 % says it is high and 3.2 % says it is insignificant. This shows the cost for consultation in this area is affordable to its population.

Figure 22 Appreciation of the amount paid for consultation



Source: survey report CCPA Ekondo Titi, 2017

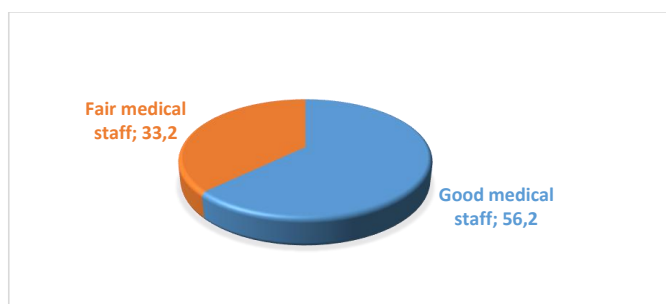
Commenté [aa7]: explain amount paid in paragraph rather than figure and then present only figure 23 for overall appreciation of cost of consultation

People who have given a tip other than the consultation fee mostly did it in appreciation of the services provided by the medical practitioner.

3.3.4 Dissatisfaction of Households with Health Services

The medical personnel in the Ekondo Titi municipality are attested by the population to be generally good and treat the population well with 56.2% saying they have good medical staffs while 33.2 % is saying the staff is fair

Figure 23: How the reception was appreciated



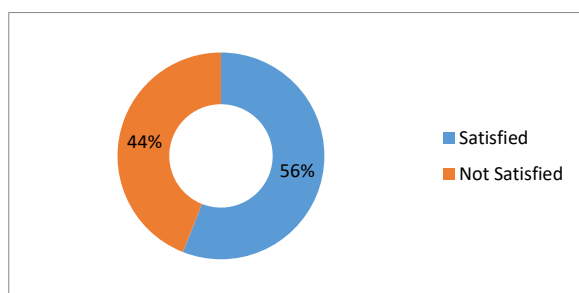
Source: survey report CCPA Ekondo Titi, 2017

Commenté [aa8]: overall appreciation of health care delivery

Majority of the respondents in Ekondo Titi council area attest to the fact that they are satisfied with 56% while the other 44 %declare that they are not satisfied. Even though the community is covered with a number of health centers, 44 % of the population have the feelings that the health centers operating in their area do not resolve most of their health problems. This can be justified with the fact that the council area is not entirely covered by health facilities, that these

facilities should serve as some diseases which are of a higher level reference in accordance with the health pyramid and referral system against reference. For certain diseases, patients are obliged to travel to Kumba and Buea.

Figure 22: Level of satisfaction of the population with regards the health sector.



Source: survey report CCPA Ekondo Titi, 2017

Reason for the population's dissatisfaction

The reasons for the dissatisfaction of the population are;

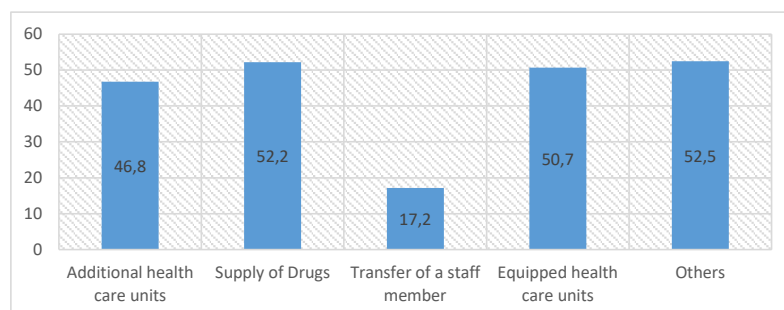
- Remoteness of health care unit
- Poor quality in terms of services provided
- Insufficient existing health care units
- Defaults inherent in the health care unit staff
- Poor management of the health care unit
- Insufficiency of drugs
- Poor quality of/ insufficiency of equipment
- High cost with regards to health care access

No percentages of the points of dissatisfaction is presented.

3.3.5 Expectations of Households with regards to Health Services

There are some expectations of the population to better improve the health sector with 46.8 % of the population requesting additional health care units, 52.2 % supply of drugs, 17.2 % transfer of a staff, 50.7 % requesting for more equipment and 52.5 % needing others.

Figure 23: The expectation of the population in the health sector.



Source: survey report CCPA Ekondo Titi, 2017

3.3.6 Synthesis of the perception of health services and suggested improvements

- Regular presence at jobsite in health centers;
- The availability of basic materials and equipment's in health centers;
- The existence of several pro-pharmacies in the municipality situated at a more or less reasonable distances;
- A considerable proportion of the population having paid consultation fee, they judge it reasonable in relation to their average revenue/income;
- The population have a good perception of the reception in health;
- The population is generally satisfied with the health services offered in the community
- The weak preference for tradi-practitioners in case of health problems;

Points to improve upon

- The availability of medicines in health centre and the reduction of the restocking interval in case of shortage which seems long to the population;
- The availability of health personnel in certain health centers;
- The availability or quality of medical equipment;
- The reduction of the average distance between the home and the nearest health center.

Suggestion for improvement

- Inform the population about the official costs of consultation for health services in health centres so as to reduce the cost difference in health centres of the same standard (free consultation in certain integrated health centres and payment of consultation fee in others);

- Supply health centres with essential drugs and ensure good management of stocks;
- Reinforce the capacity of the actual team in health centres in order to improve on the health service offer;
- Organize consultation campaigns for the population in villages that are far from the health centers;
- The spread of information to the population on the management of health facilities through the use of dialogue (management committee, health committee).

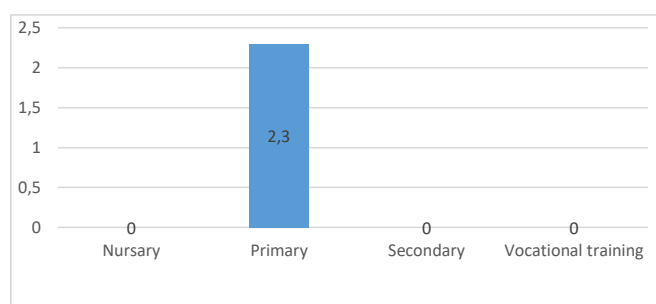
3.4 Educational Sector (Basic, Primary, Secondary and Vocational training)

The population in the villages has access mostly to primary education in their communities, very few nursery, secondary and vocational training centers present.

But none the less Ekondo Titi town its self has some nursery, primary, secondary and vocational training centers.

3.4.1 Availability and Utilization of Educational Services

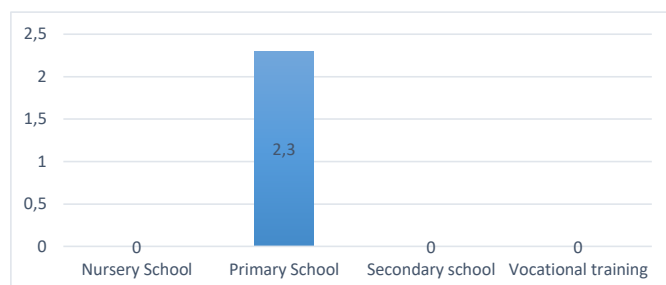
Figure 24: Appreciation of existing education services



Source: survey report CCPA Ekondo Titi, 2017

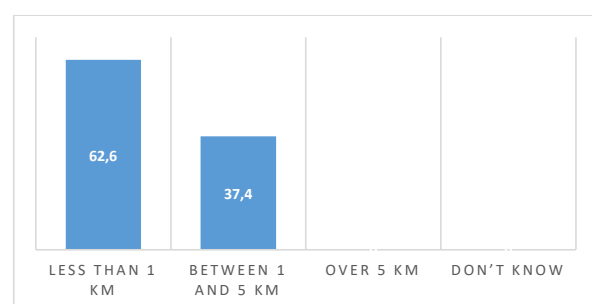
Since the survey shows there are only primary schools in the area, the house hold children in the areas visit the closest primary schools in their communities. And the distances from the school's ranges from less than 1km to about 5 km with majority (62.6%) of the population staying less than a kilometer away and the rest 37.4 % staying between 1 km and 5 km from the schools.

Figure 25: Appreciation of number of children per household attending the establishments



Source: survey report CCPA Ekondo Titi, 2017

Figure 26: Appreciation of the distance covered by students to reach their schools

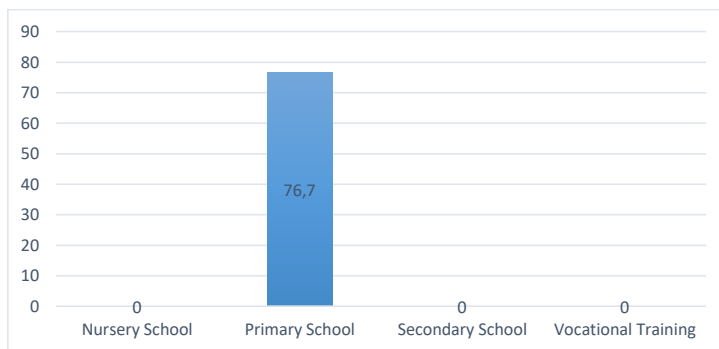


Source: survey report CCPA Ekondo Titi, 2017

3.4.2 Cost and quality of education by level

Are the educational facilities having a complete cycle? The primary schools present in this communities have a complete cycle as stipulated by the findings of the survey in the area with 76.7 % of the population saying the cycles are complete.

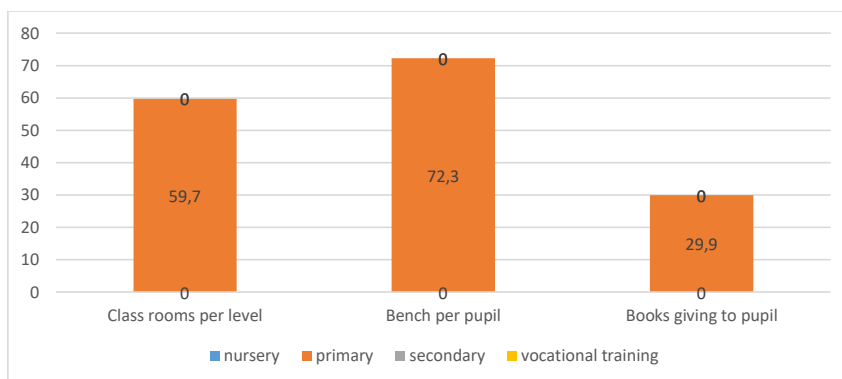
Figure 27: The presentation of the complete cycles in the education sector



Source: survey report CCPA Ekondo Titi, 2017

The population gave the information for up to 59.7 % that there are class rooms per level or per class in their primary schools. Majority of children are seated on benches in their various classes. 72.3 % say books and manuals are not given while 29.9 percent accept that books and manuals are given.

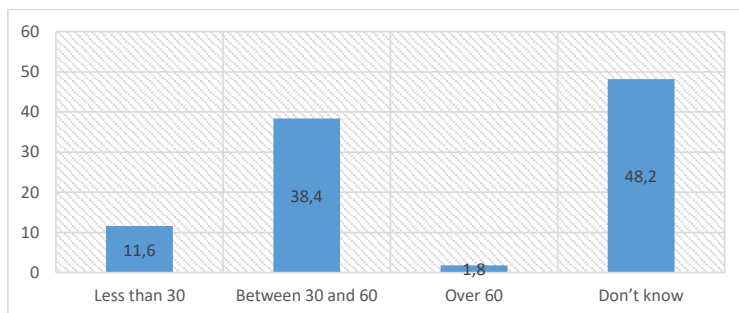
Figure 27: Appreciation of the quality of Education



Source: survey report CCPA Ekondo Titi, 2017

The number of pupil per class ranges from less than 30 to over 60 but it shows that the vast majority of the respondents that know the status of the children per class says they are between 30 and 60 pupils per class and this data also proves that the majority of the population don't know how many of their children seat in a class.

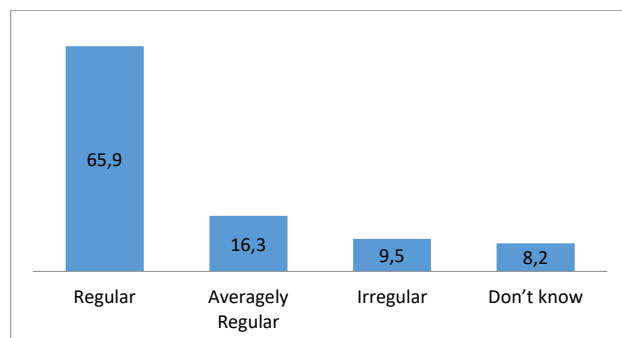
Figure 28: The number of pupils per class



Source: survey report CCPA Ekondo Titi, 2017

The teachers in these schools are regular with just 9.5 % of the respondent saying they are irregular which shows the teachers are regular

Figure 29: Frequency of teachers in the primary schools

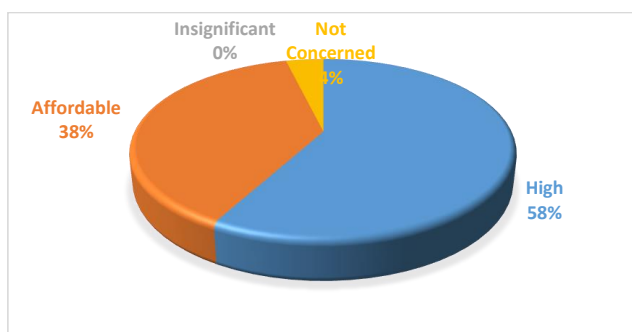


Source: survey report CCPA Ekondo Titi, 2017

Amount paid as fees

96.2 % of the population pay fees for their children to school in the educational facilities present in the area but the fees they pay are rated high by 58 % of the population and 38 % are saying its affordable nobody is saying its insignificant and just 4% of the population are not concerned with the amount which shows the population is suffering from inflated fee prices.

Figure 30: Appreciation of the amount paid as fees.



Source: survey report CCPA Ekondo Titi, 2017

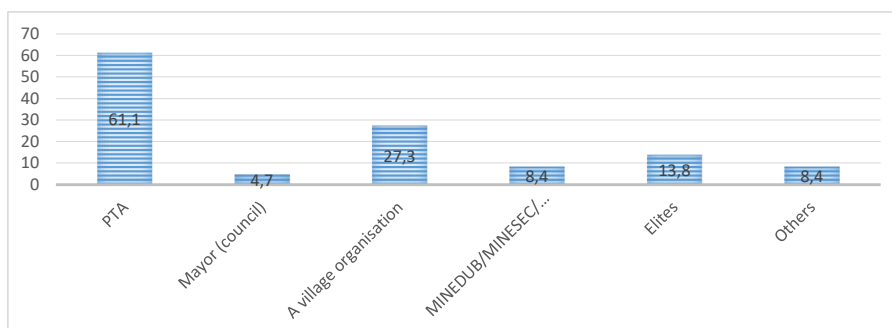
No one in this area has been forced to pay an extra amount other than the required amount for the fees and PTA. This shows lack of corruption in the education sector.

3.4.3 Appreciation of amount paid for education.

Are the educational facilities having a complete cycle? The primary schools present in this communities have a complete cycle as stipulated by the findings from the survey in the area with 76.7 % of the population saying the cycles are complete.

When class rooms are damaged the people in charge of the repairs are mostly the PTA with 61.1 %, followed by a village organization with 27.3 % and then elites with 13.8 %, the mayor/ council have just 4.7 % and the ministry has just 8.4 % this means the competent authorities do not concern themselves with the educational wellbeing of the children of the Ekondo Titi municipality.

Figure 31: Appreciation of class room repairs in case of damage.

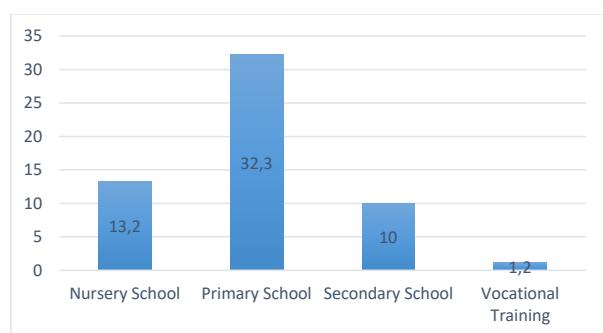


Source: survey report CCPA Ekondo Titi, 2017

3.4.4 Reasons for people dissatisfaction with education services per cycle

People are dissatisfied with the Educational services provided but their reasons are not provided. Their non-satisfaction is highest on the services for their primary schools followed by the nursery school and secondary school and vocational training being the least. This shows this population is in need of schools

Figure 32: level of non-satisfaction with different educational levels



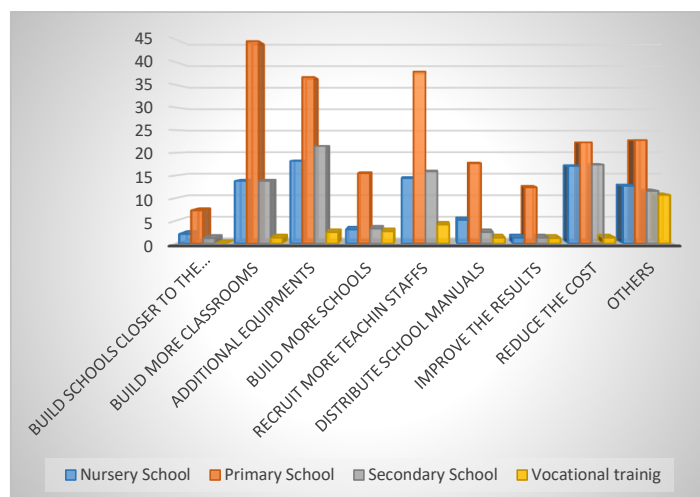
Source: survey report CCPA Ekondo Titi, 2017

3.4.5 Expectations in terms of education

The population is in serious need of the following improvements in their educational system.

- Building of more class rooms is a top priority in their schools (primary schools),
- Recruitment of more teaching staff,
- Provision of more equipment,
- Reduce the cost of fees,
- Distribute school manuals,
- Create more nursery schools in the interior villages like Bafaka balue
- Improve the results,
- Build schools closer to the villages and others.

Figure 33: What is needed by the population in terms of Educational services



Source: survey report CCPA Ekondo Titi, 2017

3.4.6 Overview of Households perception of education services and suggested improvements

Of the different results presented, it is seen that the sector of education in the community disposes of a certain number of successes notably:

- A good coverage of the council area by primary schools, which permits all the children in the community to have access to basic education;
- The assiduity of teachers in schools;
- The perception of a weak presence of corruption in schools.

Recommendations

During the research, the population expressed some worries relating to education. This translates the existence of perfectible points in this sector of activity among which:

- The insufficiency of infrastructure and schooling equipment's
- The improvement of results in schools by sensitization of parents to invest in extra classes for their children.
- The harmonization and the control of Parent Teachers' Association (P.T.A.) levy in schools;
- The council should recruit competent teachers and deploy to areas of need

Suggestion for improvement

- The sensitisation of parents on the goodness of paying a minimum for the functioning of schools;
- The engagement of the council in consecrating a major part of its investments in the building of classrooms;
- Sensitization of the local population and elite towards the building of classrooms;
- Lobby for the transfers of teachers to schools;
- Lobby for sponsorship from development partners for the building of classrooms in the schools.

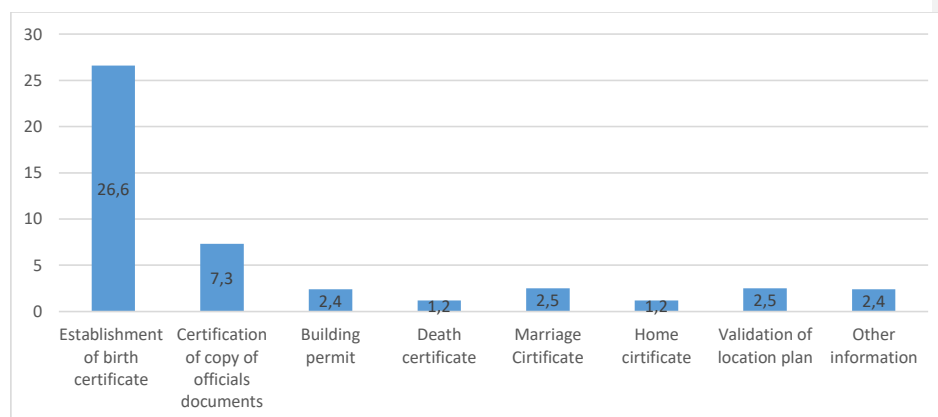
3.5 Council Services.

3.5.1 Council services and participation of household in council activities.

Proportion of household participants who requested services from the council.

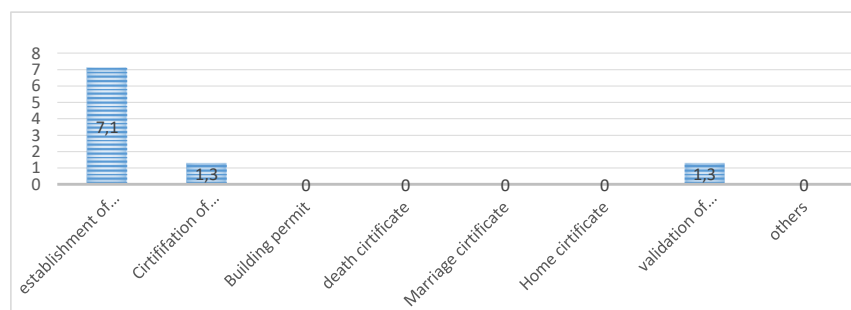
The survey shows that the population in the Ekondo titi area goes to the council mostly to request for the issuance of birth certificates (26.6 %) while 7.3 % goes in for certification of official documents and 2.4 % go in for construction permits, 1.2 % for death certificates, 2.5 % for marriage certificate, 1.2 % for certificate of residence, 2.5 % for validation of location plans and 2.4 % for information

Figure 34: Proportion of household participants who requested services from the council.



Source: survey report CCPA Ekondo Titi, 2017

Figure 35: Time it takes for services to be rendered.

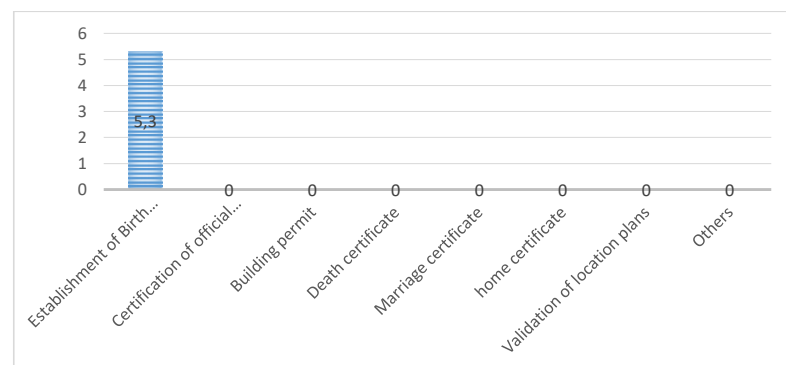


Source: survey report CCPA Ekondo Titi, 2017

7.1 % of the population say the time taken for the delivery of birth certificate is long, and 1.3 % complained about the time taken to deliver both certification of official documents and to validate location plans and the other services no one complains if it takes a long time of not.

3.5.2 Cost and quality of services

Figure 35: Proportion of household members who paid a tip for service delivery

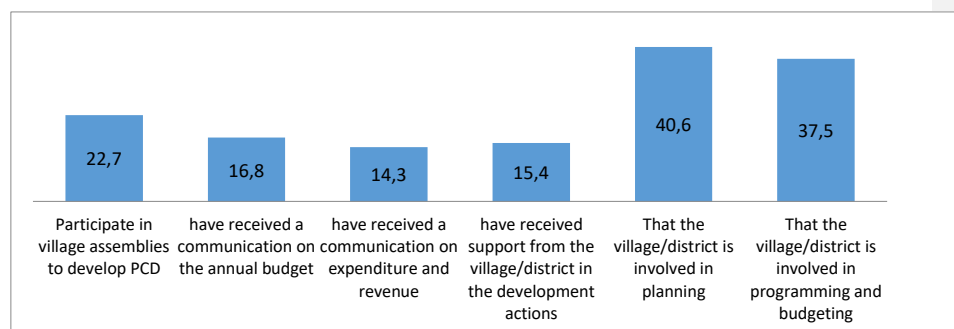


Source: survey report CCPA Ekondo Titi, 2017

The services delivery in this area is generally slow so the population needs to give a tip to foster the rapidity of service delivery so on this note 5.3 % of household members who go in for issuance of birth certificate gave a tip.

Proportion of household who declared that the council involves their village in council activities.

Figure 36: Involvement of the population in the planning and programming of council activities.



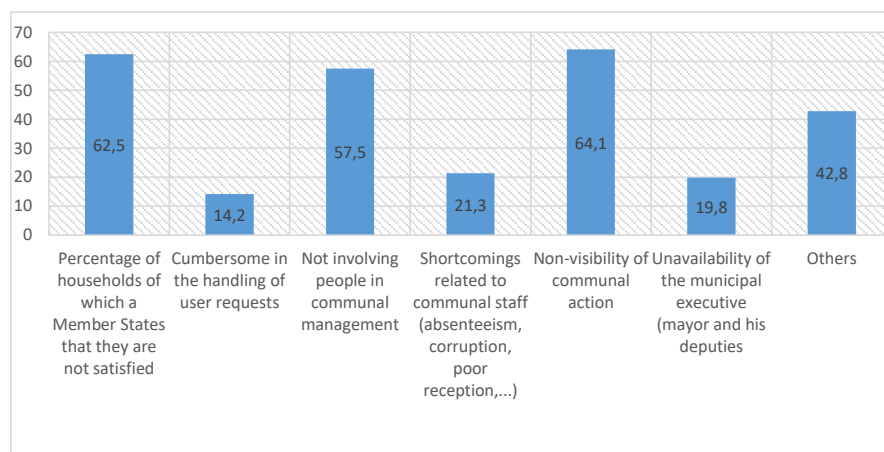
Source: survey report CCPA Ekondo Titi, 2017

There is the involvement of the population in the planning and reporting of the councils affairs in the Ekondo Titi municipality because 22.7 % of household members participate in village assemblies to develop CDP, 16.8% have received communication on the annual budget, 14.3% have received communication on revenue, 15.4 % have support from the village/ district in the development actions, 40.6 % are saying that the village/district are involved in planning and 37.5 % saying the village /district is involved in programming and budgeting

3.5.3 Level of dissatisfaction of household participants to council.

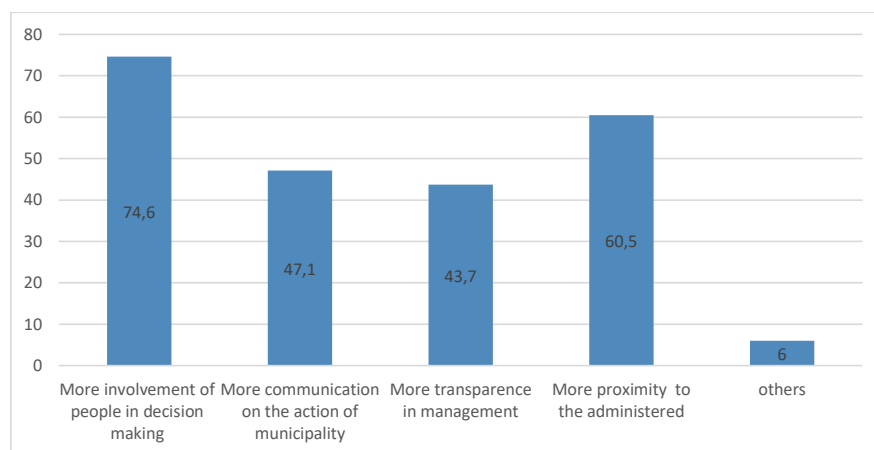
The population in this council area is not satisfied with regards council services delivery for 62.5 % state they are not satisfied, because of the cumbersome nature in handling requests (14.2 %), not involving people in council management (57.5 %), short comings related to council staffs absenteeism or corruption or poor reception (21.3 %), non-visibility of council action (64.1 %), unavailability of the municipal executive which is the mayor and his deputies (19.8 %), and others taking 42.2 %.

Figure 37: Level of dissatisfaction of household participants to council.



Source: survey report CCPA Ekondo Titi, 2017

Figure 38: Expectations from the council.



Source: survey report CCPA Ekondo Titi, 2017

The population expects more involvement in the decision making process which is rated at 74.6 %, increase communication of the council as far as its development actions are concerned rated at 47.1 %, increase in transparency as far as management is concerned rated at 43.7 %, the council and population are supposed to work hand in glove which is rated at 60.5 % and others hold 6 %.

3.5.4 Synthesis of the perception of municipal institutions services and suggested improvements

- Availability of the council services;
- Low solicitation rate of council services;
- More council personnel are not depraved.

Points to improve

- Delays in treating documents or files
- Good participation of the population in budgeting session of the council
- Poor participation of population in decision making
- Populations have no information about the administrative account of the council.

Suggestion for improvement

The council should

- Disseminate a realistic annual investment plan to the community
- Sensitize the populations on the services offered by the council and the main conditions to fulfill to have access to it.
- Sanction/punish all act of corruption.

3.6 Conclusion and main recommendations

3.6.1 Conclusions

The scorecard survey in Ekondo Titi municipality was good as it helped the population access the activity carried out by their councils and to help them know where there are problems to be rectified and to ensure they identify the weaknesses and the strengths of their councils and also to know what is expected of them to better their environment.

The hydraulic sector in the Ekondo Titi municipality is a call for concern because there are very few potable water sources in the area, the highly used sources are wells which are mostly open pits.

The health sector needs to be equipped and more health care units are needed around the municipality to help the population in the villages have access to medical facilities especially around the Bafaka balue area where the roads are horrible.

The education sector is by far the worst as most of the villages lack nursery schools and have primary schools which are not well managed, very few secondary school and vocational

training center. The maritime part of the Ekondo Titi municipality has just a single school in 19 villages. This needs to be looked in to because it is causing mass movement of the youths out of the area in search of quality education.

The populations in the villages are not directly linked with the Ekondo Titi council because of the distance and poor state of their roads and communication network so they operate strictly with their local village councils and come to the main councils only when there is a grave issue. One of the respondent said and I quote “what has the council done for us? We are leaving in the dark, cut off from network and no clinic or schools so why should I be linked with such a council”

All the areas are sensitive and need careful handling to improve the livelihood of the community.

3.6.2 List of suggested recommendations

Water supply

In order to improve access to quality hydraulic services, suggestions were made. They are notably:

- The construction of adequate and sufficient infrastructure in the council according to the sectorial policy in use. The consideration of carrying out feasibility studies of the project should henceforth constitute a preliminary to the construction of a piece of work
- The improvement of the type of relation existing between the administrations concerned and the populations
- The boosting and training works management committees in villages in order to guarantee the sustainability of those works
- The rehabilitation of the existing works that have come to a halt
- The rehabilitation of wells designed to supply potable water
- The training of the council agents in charge of hydraulic matters and populations sensitization on the servicing of works.
- The extension of council water supply scheme to neighboring communities

Health

- Inform the population about the official costs of consultation for health services in health centres so as to reduce the cost difference in health centres of the same standard

(free consultation in certain integrated health centres and payment of consultation fee in others)

- Supply health centres with essential medicines and ensure a good management of stock
- Organize consultation campaigns for the population in villages that are far from the health centers
- Put in place a means to inform the population on the management of health centers through the use of dialogue (management committee, health committee).

Education

To ameliorate the basic education services in the Ekondo Titi municipality, it is recommended to adopt certain measures, notably:

- Parents be sensitized to invest in extra classes for their children to meet up with the challenges
- The engagement of the council in consecrating a major part of its investments in the building of classrooms and recruit competent teachers and deploy to areas of need
- Sensitization of the local population and elite towards the building of classrooms;
- Lobby for the transfers of teachers to the schools
- Lobby for sponsorship from development partners for the building of classrooms in the secondary schools.

Council services

The council should

- Organize sensitization campaigns to explain to populations the objectives of each mandate as well as the major project to realize.
- Sensitize the populations on the services offered by the council and the main conditions to fulfill to have access to it.
- Sanction all act of corruption.

CHAPTER FOUR

ACTION PLAN FOR THE IMPLEMENTATION OF CITIZEN CONTROL OF PUBLIC ACTION

4.1 Program for the Dissemination of Results and Presentation of Action Plan

Table 2: Program for the Dissemination of Results and Presentation of Action Plan.

Phase	Activities	Expected Results	Responsible	Partners	Start date	Enddate
Production of Reports	Submission of draft report	Final scorecard report is available	CSO	PNDP	28/04/2018	30/04/2018
	Reading of the report			Review panelists	01/05/2018	10/052018
	Reading workshop			PNDP Review panelists Representatives of all sectors involved	14/05/2018	26/05/2018
	Submission of final report			PNDP	28/05/2018	03/06/2018
Negotiation of Recommendations	Restitution workshop for councils	1. Lessons learned and expected changes 2. List of negotiated changes	PNDP	CSO Review panelists Representatives of all sectors involved	05/06/2018	12/06/2018
Dissemination of results	Broadcasting of results	Results are fully broadcasted to the general public	CSO	PNDP Media houses	17/06/2018	06/07/2018
Implementation	Implementation of accepted changes to different sectors	Accepted changes are implemented	Respective sectors	PNDP CSO	17/06/2018	14/08/2018

4.2 Action Plan for the Implementation of the Citizen Control of Public Action.

Table 3: Problems Identified, Suggested Solution and Level of implementation.

Sector	Problems identified	Suggested Solutions	Level of implementation	
			Local ¹	Central
water	<ul style="list-style-type: none"> • Remoteness of household from water source • Poor water quality • Insufficient water supply sources • Poor water supply management • Delay in repairs of water points • High cost of water supply 	<ul style="list-style-type: none"> - The construction of adequate and sufficient infrastructure in the council according to the sectorial policy in use. The consideration of carrying out feasibility studies of the project should henceforth constitute a preliminary to the construction of a piece of work - The improvement of the type of relation existing between the administrations concerned and the populations - The boosting and training works management committees in villages in order to guarantee the sustainability of those works - The rehabilitation of the existing works that have come to a halt - The rehabilitation of wells designed to supply potable water - The training of the council agents in charge of hydraulic matters and populations sensitization on the servicing of works. - The extension of council water supply scheme to neighboring communities 	Communities	CAMWATER, Council

Sector	Problems identified	Suggested Solutions	Level of implementation	
			Local ²	Central
Health	<ul style="list-style-type: none"> • Remoteness of health care units, • high cost of health care, • Insufficient drugs, • Insufficient and poor equipment of the health unit 	<ul style="list-style-type: none"> - Inform the population about the official costs of consultation for health services in health centres so as to reduce the cost difference in health centres of the same standard (free consultation in certain integrated health centres and payment of consultation fee in others) - Supply health centres with essential medicines and ensure a good management of stock - Organize consultation campaigns for the population in villages that are far from the health centers - Put in place a means to inform the population on the management of health centers through the use of dialogue (management committee, health committee). 	Hospitals, Clinics, Health centers and Communities	District Medical Officer, Council
Sector	Problems identified	Suggested Solutions	Level of implementation	
			Local ³	Central
Education	<ul style="list-style-type: none"> • Distance of school from household. • Lack of class rooms 	<ul style="list-style-type: none"> - Parents be sensitized to invest in extra classes for their children to meet up with the challenges 	Schools, Divisional Deligation PTA	MINEDUB MINSEC Council.

	<ul style="list-style-type: none"> • Lack of equipments • lack of schools • Lack of qualified teachers • No school manuals distributed • Poor results • High cost 	<ul style="list-style-type: none"> - The engagement of the council in consecrating a major part of its investments in the building of classrooms and recruit competent teachers and deploy to areas of need - Sensitization of the local population and elite towards the building of classrooms; - Lobby for the transfers of teachers to the schools - Lobby for sponsorship from development partners for the building of classrooms in the secondary schools. 		
Sector	Problems identified	Suggested Solutions	Level of implementation	
			Local ⁴	Central
Council Services	<ul style="list-style-type: none"> • Lack of transparence • Non Involvement of population in council activities • Poor reception by council staff. 	<ul style="list-style-type: none"> - Organize sensitization campaigns to explain to populations the objectives of each mandate as well as the major project to realize. - Sensitize the populations on the services offered by the council and the main conditions to fulfill to have access to it. - Sanction all act of corruption. 	Council	Ministry of Territorial Administration

Table 4: Action plan.

Sector	General Objectives	Specific objectives	Actions	Results indicators	Reference value	Target value	Frequency of measurement	Source of verification	RESPONSIBLES	PARTNERS	Estimated cost
Water	Improve on the quality and quantity of water supply in the Ekondo Titi Council	Sensitization on water management and project management of the local population and the council agents in charge of hydraulic services.	Training and Sensitization	At least 60% of the localities are sensitized on information gathering and usage		60%	Once every three months	MINSANTE, Council	MINSANTE, Council	CSOs PNDP	300,000
		Construction of additional water facilities and the rehabilitation of existing facilities.	Construction of new water points and Rehabilitation of damaged water points.	At least 70% of the villages have had consultations		70%.	Each community must have at list two functional water points	MINSANTE, Council	MINSANTE, Council	CSOs PNDP	20,000,000

Health	Improve on the quality of health services.	Sensitization on information gathering and usage in the health facilities.	Announcements Publicities	At least 60% of the localities are sensitized on information gathering and usage		60%	Every month	Pictures, Reports, Attendance sheet,	MINSA NTE, Council	CSOs PNDP	30,000,000
		Organization of consultation campaigns for the remote villages and the supply of drugs to the health facilities.	Workshops and Training Sessions	At least 70% of the villages have had consultations		70%	Twice in three months	Pictures, Reports, Attendance sheet.	MINSA NTE, Council	CSOs PNDP	300,000

Education	Improve on the quality of Education at all levels concerned	sensitization of the population on their responsibility in the building and rehabilitation of damaged classrooms	Workshops and Training Sessions Announcements Publicities	The construction and or rehabilitation of at least 4 schools in the council area		At least 4	Each community has a well equipped school.	Pictures, Building permits, Plans	MINEDUB, MINESEC, Council	CSOs PNDP	20,000,000
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Council Services	Improve on the quality of	Sensitization on services	Workshops and	At least 40% of the		40%	Once every three months	Attendance	Council	CSOs	300,000
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	services provided by the council	provided by the council.	Training activities	population is sensitized				sheets, Minutes of the sessions, Pictures.				
		Publication of council investment budget	Publicities Announcements Workshops Training	At least 60% of the municipality are aware of the council's plan of action and budget		60%	Every month	Banners, Posters, Reports Radio Broadcast	PNDP, Council	MIN ATD Village/Quarter Heads, CSOs, Elites	300,000	

ANNEXES

ANNEX 1: Questionnaire for the Study

Citizen Report Card ***Assessment of public services within the Council of***

Section I. BACKGROUND INFORMATION

A01	Region _____	[] []
A02	Division _____	[] []
A03	Council _____	[] [] []
A04	Batch number _____	[] []
A05	Counting Zone Sequential number _____	[] []
A06	Residence stratum : 1=Urban 2=Semi-urban 3=Rural	[]
A07	Name of the locality _____	
A08	Structure number _____	[] [] [] []
A08a	Household number in the sample _____	[] []
A09	Name of the household head _____	
A10	Age of the household head (in years) _____	[] []
A11	Sex of the household head : 1=Male 2=Female	[]
A12	Name of the respondent _____	
A13	Relationships between the respondent and the household's head (see codes) _____	[]
A14	Sex of the respondent: 1=Male 2=Female	[]
A15	Age of the respondent (on a bygone-year basis) _____	[] []
A16	Phone number of the respondent _____	[] [] [] [] [] [] [] [] [] []
A17	Date of beginning of the survey _____	[] [] [] [] [] [] [] [] [] []
A18	Date of end of the survey _____	[] [] [] [] [] [] [] [] [] []
A19	Name of the enumerator _____	[] []
A20	Name of the council's supervisor _____	[] []
A21	Data collection result 1=Complete Survey 4=Absence of a qualified respondent 2=Incomplete Survey 5=Empty house or no house responding to the given address 3=Refusal 96= Any other reasons (to be specified) (If the answer is different from 1 and 2, the questionnaire should come to an end)	[]
A22	Assessment of the quality of the survey 1=Very good 2=Good 3=Average 4=Poor 5=Very poor	[]

CODES 013

1 = Household Head	3 = Son/Daughter of the Household head or of his/her spouse	5 = Other parent of the Household Head or of his/her spouse
2 = Spouse of the Household Head	4 = Father /mother of the Household Head or of his/her spouse	6 = No relationships with household head or with his/her spouse
	7 = Maid	

Section II. POTABLE WATER

H01	Which public water supply systems exist in your village/quarter? (Circle the corresponding letter(s)) Is there any other system?	<div style="display: flex; justify-content: space-between;"> 1=Yes 2=No </div> <div style="display: flex; justify-content: space-between;"> A. Well equipped with a pump [] </div> <div style="display: flex; justify-content: space-between;"> B. Open pit well [] </div> <div style="display: flex; justify-content: space-between;"> C. Protected well [] </div> <div style="display: flex; justify-content: space-between;"> D. Boreholes equipped with a manually operated pump [] </div> <div style="display: flex; justify-content: space-between;"> E. Spring/river [] </div>
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Section II. POTABLE WATER

		F. Access to potable water (pipe borne water)	<input type="checkbox"/>
H01a	Is your main water supply source run by a public or a private entity? 1=Public 2=Private If 2 → H14		<input type="checkbox"/>
H02	What is your main public water supply source? (Just a single answer) 1= Well equipped with a pump 4= Boreholes equipped with a manually operated pump 2= Open pit well 5= Spring/river 3=Protected well 6 =Access to tap potable water		<input type="checkbox"/>
H03	What is the quality of the said water? 1=Good 2=Poor 3=Indifferent		<input type="checkbox"/>
H04	Does this water have an odour? 1=Yes 2=No 8=NSP		<input type="checkbox"/>
H05	Does this water have a taste? 1=Yes 2=No 8=NSP		<input type="checkbox"/>
H06	Does this water have a colour? 1=Yes 2=No 8=NSP		<input type="checkbox"/>
H07	Do you pay something to get this water? 1=Yes 2=No If no → H08		<input type="checkbox"/>
H07a	If yes, how much do you spend on average per month? (give an amount in FCFA)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
H07b	How do you appraise the said amount? 1=High 2=Affordable 3=Insignificant		<input type="checkbox"/>
H08	Is this water available throughout the year? 1=Yes 2=No		<input type="checkbox"/>
H09	How many times do you need, on average, to go on foot and fetch water and come back? 1=On the spot 2=Less than 15 minutes 3=Between 15 and 30 minutes 4=more than 30 minutes		<input type="checkbox"/>
H10	Has this water point had a breakdown at a given time during the last six months, notably since? 1=Yes 2=No If no → H11.		<input type="checkbox"/>
H10a	If your water point had a breakdown at a given point in time during the last six months, notably since, how long did it take for it to be repaired? 1=Less than one week 2=Between one week and one month 3=Between one month and three months 4=Over three months 5=Not yet, if 5, → H11		<input type="checkbox"/>
H10b	Who repair it? Who else?	1=Yes 2=No A=Mayor (Council) B=State C=An elite D=The Water Management Committee E=the village/quarter head F=CAMWATER/SNEC/CDE G=Other partners/stakeholders : _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H11	Do you have access to that water point at any moment of the day? 1=Yes 2=No If yes → H13		<input type="checkbox"/>
H12	If no, what is the daily frequency in terms of potable water supply in your household? 1=Once ; 2=Twice; 3=Thrice		<input type="checkbox"/>
H13	Does the said frequency correspond to your current need in terms of potable water consumption-? 1=Yes 2=No		<input type="checkbox"/>
H14	Did you express any need in terms of potable water supply in the course of the last 6 months, more specifically since? 1=Yes 2=No If no → H18		<input type="checkbox"/>
H15	To whom did you submit your request/needs? (several answers are possible) Other?	1=Yes 2=No A. Mayor (Council) B. State C. An elite D. The Water Management Committee E. The village/quarter head F. the Administrative authorities G. CAMWATER/SNEC/CDE X. Other stakeholders : _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H16	Has your need been met? 1=Yes 2=No If no → H18		<input type="checkbox"/>
H17	In the event of a satisfactory answer, how much times did it take for your need to be satisfied? 1=Less than one month 3=Over three months 2=Between one and three months		<input type="checkbox"/>
H18	Broadly speaking, what is your level of satisfaction, especially in terms of water supply in your village? (Just circle a single answer) 1=Satisfied 2= Indifferent 3=Unsatisfied		<input type="checkbox"/>

Section II. POTABLE WATER

	If 1 or 2 → H20.	
H19	State the reasons of your non-satisfaction with regard to water supply in your village (several answers are possible). Any other reason?	1=Yes 2=No A. Far distance to access to the water point B. Poor quality of water C. Insufficiency of water supply points D. Poor management of the water supply E. Failure/delay to repair in case of breakdown F. High cost of water supply X. Any other reasons to be specified : _____
H20	What are your expectations in terms of supply of potable water? (Several answers are possible). Any other expectation?	1=Yes 2=No A. Additional water points ; B. Improvement in terms of management of the existing water points; C. Repair works should be carried out on the damaged water points ; D. Improvement of the quality of the existing water points ; E. Reduction of price ; X. Other expectations to be specified : _____

Section III. HEALTH

S01	Which is the nearest health care unit to your household? 1= Public integrated health Centre 2= Hospital/CMA 3= Private health Centre	<input type="checkbox"/>
S02	How much time do you need, on average, to reach the nearest health care unit from your household? 1=Less than 15 minutes 2=Between 15 and 30 minutes 3=Between 30 minutes and 1 hour, 4 = Over 1 hour	<input type="checkbox"/>
S03	Where do your household members preferably go when they have health problems? (Just a single answer) 1=Public integrated health Center 5=Medicine store 2=Hospital /CMA 6=Go to a medical staff member 3=Private health center 7= Treat at home Self-medication 4=Traditional healers 8=Others (to be specified)	<input type="checkbox"/>
S04	Has any member of your household gone, at least once, to the nearest health care unit in the course of the last 12 months, specifically since ? 1=Yes 2=No If no → S17	<input type="checkbox"/>
S05	Who is in charge of managing such health care units? 1=Medical doctor 2=Nurse 3= Nurse aider 4=Other (to be specified) 8= Does not know	<input type="checkbox"/>
The last time a member of your household was taken care of in such a health care unit,		
S06	Were the medical staffs present? 1=Yes 2=No	<input type="checkbox"/>
S07	Were minor medical equipment (such as scissors, syringes, alcohol, cotton, betadine, thermometer, tensiometer, medical scale, etc.) always available? 1=Yes 2=No 8=Do not know	<input type="checkbox"/>
S08	Is your health care unit (CMA or Hospital) provided with hospitalization rooms? 1=Yes 2=No If no → S10.	<input type="checkbox"/>
S09	How many beds are available in the hospitalization rooms? 0= None, 1=Less than 5 beds 2=Between 5 and 10 beds 3=Over 10 beds 8=Does not know.	<input type="checkbox"/>
S10	How much did he/she paid for one consultation? (Session fees) 1=Free of charge 3=Between 500 and 1000 CFAF 2=Less than 500 CFAF 4=Over 1000 CFAF If S10=1 → S14	<input type="checkbox"/>
S11	How do you appraise the said amount? 1=High 2=Affordable 3=Insignificant	<input type="checkbox"/>
S12	In addition to the consultation fees, did the household member who received treatment give a tip to the medical staff for him/her to be better taken care of? 1=Yes 2=No If no → S14	<input type="checkbox"/>
S13	If yes, did the person do it willingly or was he/she obliged by the medical staff to do so? 1=Personal initiative 2=Obliged by the medical staff to do so	<input type="checkbox"/>
S14	How did the household member appraise the welcome attitude of the medical staff of the said health care unit? 1=Caring 2=Fair 3=Poor	<input type="checkbox"/>
S15	Is this health care unit provided with a pharmacy/pro-pharmacy? 1=Yes 2=No If no → S17	<input type="checkbox"/>
S16	Are drugs always available? 1=Yes 2=No 8=Do not know	<input type="checkbox"/>

Section III. HEALTH		
S17	Is this nearest health care unit capable of providing appropriate solutions to most of the health problems faced by your household? 1=Yes 2=No	<input type="checkbox"/>
S18	Broadly speaking, what is the level of satisfaction as concerns health care services provided by the nearest health care unit to your household? (Only circle a single answer) 1=Satisfied 2=Indifferent 3=Not satisfied If S18=1 or 2 → S20	<input type="checkbox"/>
S19	State the reasons of your non-satisfaction with regard to health services provided within the health care unit you attend? (several answers are possible) Any other reason?	<div> <div>1=Yes 2=No</div> <div> <input type="checkbox"/> A. Far distance to access the health care units <input type="checkbox"/> B. Poor quality of services provided <input type="checkbox"/> C. Insufficiency of existing health care units <input type="checkbox"/> D. Defaults related to the health care unit staff <input type="checkbox"/> E. Poor management of the health care unit <input type="checkbox"/> F. Insufficiency of drugs <input type="checkbox"/> G. Poor quality of/Insufficiency of equipments <input type="checkbox"/> H. High cost with regard to health care access <input type="checkbox"/> X. To be specified) : _____ </div> </div>
S20	What are your expectations with respect to health care services? Any other expectations?	<div> <div>1=Yes 2=No</div> <div> <input type="checkbox"/> A. Additional health care units <input type="checkbox"/> B. Supply of drugs <input type="checkbox"/> C. Transfer of a staff member <input type="checkbox"/> D. Equipped health care units <input type="checkbox"/> X. Other to be specified _____ </div> </div>

Section IV. EDUCATION						
	Education cycle →	Nursery	Primary	Secondary		Vocational training
E01	Is your village/quarter provided with an education cycle « Name of the said cycle »? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
E02	How many children from your household attend the nearest school? (name of the cycle) (write down the number in front of each cycle)	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
E03	How many Kilometers do children from your household cover, on average, to go to school?(name of the cycle)? 1=Less than 1 Km 2=Between 1 and 5 Kms 3=Over 5 Kms	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
E04	What is, on average, the time spent covered by children from your household to reach the nearest school on foot? (name of the cycle) (estimated in minutes)	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
E05	Is the school (name of the cycle) attended by children from your household provided with a complete cycle? 1=Yes 2=No		<input type="checkbox"/>	1st cycle <input type="checkbox"/>	2nd cycle <input type="checkbox"/>	
E06	Is the vocational training center attended by children from your household provided with a complete workshop deemed suitable to their various trades? 1=Yes 2=No 3=Does not know					<input type="checkbox"/>
E07	Is the school (name of the cycle) attended by children from your household provided with a class-room per class level? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
E08	Are all the children seated on a bench in the school (name of the cycle) attended by children from your household? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
E09	Are school textbooks distributed to pupils in the school (name of the cycle) attended by children from your household?	<input type="checkbox"/>	<input type="checkbox"/>			

	1=Yes 2=No				
E10	How many student does a classroom attended by children from your household contain (name of the cycle)? 1=Less than 30 3=Over 60 2=Between 30 and 60 4=Does not know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E11	How do you assess the frequency of the attendance of teachers in the class-room(s) (name of cycle) in which the children from your household are enrolled? 1=Regular 2=Averagely regular 3=Irregular	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E12	How much do you pay per child from your household on average (registration, tuition fees, Parent-teacher associations' fees (PTA) (name of the cycle) throughout a school year? (write down the average amount)	----- (estimated in FCFA)	----- (estimated in FCFA)	----- (estimated in FCFA)	----- (estimated in n FCFA)
E13	How do you appraise such amount? 1=High 2=Affordable 3=Insignificant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E14	In addition to the fees, has your household paid additional fees to the personnel of the school (name of the cycle) prior to the enrolment of children from your household in school? 1=Yes 2=No If no E16 →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E15	Were you obliged to pay such additional fees to the school (name of the cycle) 1=Yes 2=No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E16	When classroom in the school of (name of the cycle) attended by children from your household need repairs, Which does the repairs? 1=Yes 2 =No A. Parents-Teachers' Associations (PTA) B. The Mayor (Council) C. A village organization D. MINEDUB/MINESEC/MINEFOP E. Elites X. Other partners/stakeholders (to be specified) Any other?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E17	In general, what is your level of satisfaction with regard to education services provided in the (name of the cycle) your village? (Only a single answer is possible) 1=Satisfied 2=Indifferent 3=Not satisfied. If 1 or 2 → E19.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E18	State the reasons of your non-satisfaction in connection with the basic education services provided in (name of the cycle) in your village? (Several answers are possible) Any other reason? 1=Yes 2=No A. Far distance to access the education service B. Insufficiency of class-rooms C. Insufficiency of equipments D. Insufficiency of schools E. Insufficiency of teaching Staff F. No distribution of text books G. Poor results H. High tuition fees X. Any other reason to be specified	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E19	Do you have any expectations in terms of provision of education services in the (name of the cycle)? (Several answers are possible) Any other expectation? 1=yes 2=No A. Have a school located nearer to the village/quarter B. Build more class-rooms	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

C. Add additional Equipments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Create more school/vocational training center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Recruit more teaching staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Distribute text books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Improve the results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Reduce the costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X. Others(specified) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section V. COUNCIL SERVICES							
Council Services ↓	<i>C01</i> Have you requested for a specific service to the council (name of the service) during the last 12 months, notably since..... ? 1=Yes 2=No following service →	<i>C02</i> How were you received during your last time at the council? (Choose only one answer) 1=Well 2=Indifferent 3=Bad	<i>C03</i> After how much time did you obtain the service requested from the Council? 1=At most after one day 2=Between one day and one week 3=Between one week and one month 4=Between one month and three months 5=Beyond three months 6= Ongoing If <i>C03</i> =1 2, 3, 4 or 5 C04 →	<i>C03a</i> Since when did you ask for this service? (in day)	<i>C04</i> How do you assess this waiting time? 1=Reasonable 2=Long 3=Very long If <i>C04</i> =1 C05	<i>C05</i> If <i>C04</i> =2 or 3, If the time were deemed so long, what could be the problem according to you? 1=Unavailable staff /absent 2=Absence of working material 3=Corruption 4=Other factors (to be specified) _____	<i>C06</i> Did you have to pay a tip in order to obtain the said service? 1=Yes 2=No
Issuance of birth certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certification of official copies of documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approval of localisation plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (to be specified) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>C07</i>	Has any member of your household taken part in the village assemblies aimed at drawing up the Council Development Plan? 1=Yes 2=No						<input type="checkbox"/>
<i>C08</i>	Is any member of your household informed about the amount of the annual budget of your council? 1=Yes 2=No						<input type="checkbox"/>
<i>C09</i>	Is any member of your household informed about the expenditures and incomes of your council during the previous fiscal year? 1=Yes 2=No						<input type="checkbox"/>
<i>C10</i>	Does the council support the development actions of your village/quarter (such as community activities, follow-up of village development committees, follow-up of management committees, setting up of village development and monitoring committees, carrying out of micro projects in your village/quarter, etc.)? 1=Yes 2=No 8=Does not know						<input type="checkbox"/>
<i>C11</i>	Does the council involve your village/quarter when planning development actions? 1=Yes 2=No 8=Does not know						<input type="checkbox"/>
<i>C12</i>	Does the council involve your village/quarter when programming and budgeting development actions? 1=Yes 2=No 8=Does not know						<input type="checkbox"/>
<i>C13</i>	Broadly speaking, what is your level of satisfaction as concerns services provided by the council? (choose only a single answer) 1=Satisfied 2=Indifferent 3=Not satisfied If 1 or 2 → <i>C15</i>						<input type="checkbox"/>
<i>C14</i>	State the reasons of your non-satisfaction with regard to services provided by the council (Several answers are possible). Any other reason ?		1=Yes 2=No A. Cumbersome procedures with regard to the processing of users' requests B. Non-involvement of the populations in the management of development activities by the council C. Defaults inherent to the Council staff (absenteeism, corruption, poor reception, etc...)				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		D. Poor visibility of the council action on the populations E. Unavailability of the council executive (the Mayors and his/her deputies) X. Any other reasons (to be specified) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C15	What do you expect from the council team? (Several answers are possible). Any other expectation?	1=Yes 2=No A. Increased involvement of the populations in the decision-making process B. Increased communication by the council as far as its development actions are concerned C. More transparency as far as management is concerned D. Closeness of the Council to the populations X. Any other expectation (to be specified) : _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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ANNEX 2: Photo Gallery



Ekondo Titi Council



Secretary General gives speech at launching



Training of Enumerators



Simulation of data collection



Group photo after training