

**REPUBLIQUE DU  
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**DEPARTEMENT DU  
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**COMMUNE DE MAMFE**



**REPUBLIC OF  
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*Peace – Work – Fatherland*

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**SOUTH WEST REGION**

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**MANYU DIVISION**

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**MAMFE COUNCIL**

## **SURVEY REPORT**

### **MECHANISM OF CITIZEN CONTROL OF THE PUBLIC ACTION IN THE COUNCIL OF MAMFE**



*May 2018*

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

**Realised by: AJEMALEBU SELF HELP(AJESH)**



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## **LIST OF ACRONYMS**

AJESH	AJEMALEBU SELF HELP
CAMWATER/SNEC	Cameroon Water Corporation
CCPA	Citizen's Control of Public Actions
CDO	Council Development Officer
CDP	Communal Development Plan
CSO	Civil Society Organisation
CSP	Council Support Programme
COC	chief of centre
DMO	District Medical Officer
DO	Divisional Officer
ERUDEF	Environment and Rural Development Foundation
HF	Health Facility
HH	Household
IHC	Integrated Health Centre
MINEDUB	Ministry of Basic Education
MINEFOP	Ministry of Employment and Professional Training
MINESEC	Ministry of Secondary Education
NADEV	Nkong Hill Top Development Association
NIS	National Institute of Statistics
SBH	School Management Board
PDESC	Economic, Social and Cultural Development Plan
PHC	Private Health Centre
PNDP	National-Community Driven Development Programme
PTA	Parent, Teacher's Association
UCCC	Union of Cities and Councils of Cameroon
WMC	Water Management Committee

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## FOREWORD

The Citizen's Control of Public Actions (CCPA) also known as the Scorecard or Citizen's Report Card seeks to capture the perception of local people on the services rendered by some 4 public institutions in the Mamfe municipality of the South West Region. The targeted sectors are the hydraulics, health, education (basic and secondary) and the services rendered by the council. This tool that was developed by the National Community-Driven Development Programme (PNDP) is aimed at buttressing the on-going decentralisation process in Cameroon.

The Mamfe council with financial and technical support from PNDP embarked on a laudable initiative to carry out the scorecard in the municipality.

Ajemalebu Self Help (AJESH), was selected as the Local support Organisation (LSO) to carry out the survey in the Mamfe municipality and report while the National Institute of Statistics (NIS) developed the sampling methodology, analyzed the data collected and produced tables for reporting.

The socio-political environment at the time of data collection was not conducive but the exercise went on hitch free.

Results obtained are very interesting and will be used by the council and the public sectors concerned to improve on the services rendered to the communities in the municipality. Equipped with the results obtained, the municipality will move towards achieving its development goal while ensuring that the communities benefit more from the services of the sectors that were evaluated.

It is our wish to replicate the project in other decentralised sectors not covered by this funding and also to repeat the exercise every 5 years.

Thanks to PNDP, NIS, AJESH and other stakeholders that worked for the success of this project and wish happy reading to all.

The Mayor,  
*Agbor Benson Besong*  
1<sup>st</sup> DEPUTY MAYOR  
MAMFE COUNCIL  
*[Signature]*  
Mamfe Council

## EXECUTIVE SUMMARY

The Citizen's Control of Public Actions (CCPA) also known as the Scorecard or Citizen's Report Card aimed at capturing the perception of local people on the services rendered by some 4 public institutions in the Mamfe municipality of the South West Region. The targeted sectors were the hydraulics, health, education (basic and secondary) and the services rendered by the council. This report goes on to reveal the results of the investigation of citizens' insight of public action in the Health, Education, Water and Council Services provided within the Bangem municipality. **And also reveals background information of the municipality, the legal framework of decentralisation and local development in relation to the four sectors, how local development is being promoted within the municipality, and how the whole process of CCAP was implemented.** The objective for the implementation of the citizens' role in the Council through the SCORECARD was a means of getting various information to understand the populations' perceptions about their level of satisfaction with regard to public services delivered in the targeted sectors and the monitoring mechanisms both at Council and PNDP's levels, on which the citizen engagement is a mechanism to rate public achievements. More specifically, the CCPA aimed at; Identifying the stakes and actors (Administration and users), Collect data and disseminate the results in 160 councils in collaboration with 19 Civil Society Organizations (CSO), Strengthen 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. And Put in place a concertation framework that will regroup several institutional actors at the council, Divisional, Regional and National levels in order to promote the institutionalization of CCPA.

The methodology adopted for the realisation of this study included: Negotiate the engagement with stakeholders on the operation, Selection and training of enumerators and provision of data collection tools enumerators, Collect, process and analyze data, produce reports, reading of reports and updating of reports, Restitution of reports and plan action and Dissemination of information and negotiation of the changes within Mamfe council

AJESH (AJEMALIBU SELF HELP was given the mandate by the National Community – Driven Development Programme (PNDP) of the Ministry of the Economy, Planning and Regional Development to implement the project in the Mamfe municipality.

Activities of the project included; organisation and launching in the council area which took place on the 4<sup>th</sup> of October 2017, contribution to the sensitization of stakeholders, selection and training of data collectors and putting at their disposal data collection tools, collection of data, preparing and analysing the data collected, producing a draft report, reading of reports and updating of the final report, negotiation of changes during restitution meetings and finalisation of the report.

And from the results of the analysis done the following were recommended for the four different surveyed sectors as seen below;

## **MAIN RECOMMENDATIONS**

### **HYDRAULIC SECTOR**

- Construction of supplementary sources or water collection points;
- Repairs of existing water supply systems;
- An improvement in the quality of water supplied;
- Greater implication of the state, CAMWATER, council and the elites in water supply and management systems;
- The cases of damaged water sources should promptly report to the relevant quarters.

### **HEALTH SECTOR**

- Improvement in the quality of services rendered by health personnel;
- Improvement of the quality and quantity of health equipment;
- Reduction in the cost of consultation fee;
- Provision of more drugs in the health facilities;
- Provision of additional health facilities;
- Provision of more qualified staff.
- Improvement in the management of the health facilities;

### **EDUCATION SECTOR**

- Reduction in the cost of fees paid;
- Ensure the regularity of teachers in class;
- Provision of more qualified staff;
- Improvement in end of year and external course exams;

- More involvement of the government, elites and council in the provision of equipment and material to the schools and management of school property;
- Provision of more classrooms, tables and chairs;

## **COUNCIL SECTOR**

- Greater implication of the population in decision making;
- Increase visibility of council actions;
- Greater transparency in the management of council projects and budgets;
- Check staff absenteeism, corruption and bad reception of the population;
- Greater availability of the mayor and his assistants;
- Improved communication and sensitization of the population on council action.

In conclusion therefore, The Citizen's Control of Public Actions is a laudable venture that can be used to improve on public services rendered to the public therefore, AJESH greatly recommends that it be carried out on a regular basis, probably after every 5 years and that the stated recommendations above should be initiated as concerns the different sectors.

## **GENERAL INTRODUCTION**

The National Community-Driven Development Program (PNDP) is a tool designed in 2004 by the Government with the support of its technical and financial partners with a view to improving on the living conditions of the populations in rural areas on the one hand, and to boost the decentralization process, on the other hand.

This policy which is spearheaded by the Programme, results in a strong involvement of the grass-roots populations as regards the execution of all of its activities. The implementation of the citizens' role in a Council therefore leads to the soaring of various information, co-ordination and monitoring mechanisms both at Council's and PNDP's levels, on which the citizen engagement relies.

In the course of the second phase of the Program, and specifically in 2011, a citizen control mechanism was experimented in ten pilot councils via the Scorecard approach. It is worth noting that such a mechanism dwelled, on one hand, on the conduct of a populations' perception survey in connection with the council's public assets and services delivered, and on the other hand, on the dissemination of the results derived from such an operation in a bid to obtain significant changes in terms of quality as concerns public assets and services delivered by the council.

Such an operation is intended to be scaled up within the Program's third phase, dubbed consolidation phase whose development objective revolves around improving on local public finance management and the management of public investment budgets by councils as well as participatory development processes with a view to ensuring both the supply of quality, sustainable infrastructures and socio-economic services. The framework of its results therefore constitutes a must, inasmuch as one of its indicators is in correlation with the « Number of councils that have already implemented an operational citizen control and information access mechanism ».

As a result, the Program undertook to set up a citizen mechanism aimed at controlling public action within 160 councils nationwide that should be considered as the target of the above-mentioned indicator. Through the process, the Program not only intended to consolidate the mainstreaming of the populations' aspirations into its achievements, but also those emanating from other development actors/stakeholders involved in the council's environment.

Thus, a populations' perception survey was conducted based on the quality of public

services delivered within the council environment, especially in the hydraulic, health and education sectors. The said survey equally dwelled on services delivered by the council itself.

Of the 160 councils selected for the project at the national level, 12 are in the South West Region. 2 consulting institutions were selected to ensure the effective implementation of the project in the South West Region namely AJESH and NADEV. And out of the 13 councils selected AJESH implemented this exercise in 5 councils namely; Mamfe, Bangem, Nguti, Alou and Menji instead of 6 councils that fall within the zone 19 with Eyumojock being left out.

# **CHAPTER 1:**

## **LEGISLATIVE AND REGULATORY FRAMEWORK FOR DECENTRALISATION AND LOCAL DEVELOPMENT IN CAMEROON.**

### **1.1 LEGISLATIVE AND REGULATORY FRAMEWORK FOR DECENTRALISATION**

Decentralization is a means of developing democracy and specifically local democracy, closer to the citizens. It is a method of organisation of the administrative arm of government in which the State creates decentralized public entities and grants them jurisdiction and resources while preserving the supervisory and monitoring power. Decentralization comes with an institutionalization of administrative and financial control. Cameroon experienced different forms of decentralization before the 1990s.

Decentralisation in its current form here is based notably on the Constitution embodied in Law No. 96/06 of 18 January 1996. On the strength of the provisions of article 55 of the said constitution, ‘decentralized local entities of the Republic shall be regions and councils ... shall be legal entities recognised by public law. They shall enjoy administrative and financial autonomy in the management of local interests. They shall be freely administered by boards elected in accordance with conditions laid down by law’. In Cameroon therefore, decentralization constitutes part of the framework of national policy on democratization that started in the 1990s. Under the provisions of the laws of 2004, there is devolution of powers accompanied by the transfer of means, financial, material and human, to local entities that are made of 10 regions and 339 councils.

The three main laws of 2004, however, include:

- Law No. 2004/17 of 22 July 2004 on the Orientation of Decentralization;
- 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.

The President of the Republic can by decree create or re-delimit the geographical boundaries of a local authority as well as rename or decide on the temporary regrouping of local authorities. Moreover, a common decentralisation fund is created (article 23(1), Orientation Law).

For the steering and evaluation of the decentralisation process there is a national decentralisation council and an inter-Ministerial Committee of local services (article 79, Orientation law). These new laws (that essentially focus on local development and governance) constitute the basic framework of rules on decentralisation in Cameroon.

Prior to July 2004, local entities were endowed with largely social functions like the celebration of marriages and delivery of birth and death certificates (1974 law relating to councils). In the transfer of powers for local development under the 2004 laws, local authorities are assigned the task of promoting economic, social, health, educational, cultural and sports development (article 4(1), Law of Orientation). Powers that correspond to the promotion of development in these sectors are devolved to local authorities under conditions laid down by law (articles 18–24 of Rules applicable to Regions; articles 15–22 of Rules applicable to Councils). The development opportunities implied in the execution of these tasks are new to local authorities in Cameroon. Here, the local authority can only act as catalyst to local development by at least strengthening municipal infrastructure (especially social infrastructure), carrying out a broad range of activities under the heading of ‘governance’ (institutional capacity building of local government structures as well as civil society organisations and especially the interface between them) and an endowment with the capacity to lead local development for wealth creation. This way, devolved powers will greatly contribute in serving development. The decentralisation laws of 2004 further set the pattern of the exercise of power by local authorities which represents the framework for governance and democratic practice. Local authorities are endowed with legal personality and administrative autonomy by law. These structures are administered by entities whose organs are elected through direct universal suffrage. The activities of these elected local entities are overseen by the representative of the supervisory authority, that is, the Governor and the Senior Divisional Officer at the level of the region and the council respectively. (Articles 46–57 of the Orientation Law). Local officials are not only accountable to the electorate but to the Chief Executive of the state too. The latter can dismiss an elected official for embezzlement (article 95(1) Orientation law).

Each local authority has two organs, one deliberative and the other executive. To increase dialogue over municipal matters, there are four statutory meetings (unlike two under the 1974 Law). Local authorities are empowered to undertake decentralised cooperation and form unions of councils (article 131 Orientation law). On democratic practice within organs of local authorities, a quorum



of two-thirds of the membership is required for a municipal council meeting to be held. Decisions are taken by simple majority vote and as a general rule council sessions are open to the public. Extracts of proceedings of council sessions must be communicated to the public eight days after the council session (art 40(1)). The practice of having local governments that are elected directly by the population actively involves them in the choice of their local leaders who in turn are accountable or answerable to them. It is therefore evident that laws that define such a pattern of the exercise of power at local authority level enhance democratic practice and good governance. The attainment of this objective through laws that devolve such powers determines the process of decentralization and contingent on the level of contextual constraints and the dynamism of its stakeholders.

In 2010 the first transfer of competence and resources to councils was done. On the 31<sup>st</sup> of December 2015, councils were given full power to carry out 60 out of the 63 functions they have and the prime minister's text of 16 December 2016 granted them the other 3. On the 24 of February 2018, the prime minister signed a text which makes effective transfer of financial resources to local councils across the country- a ground- breaking decision for an effective decentralization process.

The decentralization of government was thus enshrined in Cameroon's constitution since 1996. The adoption of decentralization laws (2004), the establishment of national coordinating bodies (2008) and the increased formal transfer of areas of responsibility to the municipalities since 2010 have been the most important steps.

Although the legislative framework is now firmly in place, implementation still faces diverse challenges. The administration continues to be extremely centralized, and the transfer of sector-specific responsibility to the municipalities is making only slow progress; they have minimal autonomy in planning and financial matters. The municipalities often lack sufficient funds, and the actors at decentralized level are inadequately prepared for their tasks.

Many decisions thus remain at central level and priorities are set without consulting the municipalities. The people have poor access to basic public services, such as health care, water supply and basic education. Their opportunities to influence locally relevant decision-making processes are very limited.

To further promote the process of decentralisation in Cameroon, the president of the republic on the 2<sup>nd</sup> of March 2018, signed a decree creating the Ministry of Decentralisation and Local Development (MINDEVEL). Its structures have been put in place and it is expected that in the near future, the process of decentralisation in Cameroon would have been greatly improved upon.

## **1.2 PROMOTION OF LOCAL DEVELOPMENT**

Decentralization, though now running in Cameroon, still has to be consolidated by the transfer of certain powers and appropriate resources from the central government to local and regional authorities.

The municipality, which is the basic level of decentralization, gradually has administrative and financial autonomy in managing local affairs. It is responsible in particular for promoting development in the economic, social, health, educational, cultural and sports fields by drawing up, in a participatory way, its economic, social and cultural development plan (PDESC). In order to put decentralization into practice, local governments and their development partners are looking for high-quality tools and approaches through which local actors can play their roles to the full. Planning is an important activity for local governments as it creates a reference framework that provides a starting point for the promotion of local development and helps to ensure that municipal actors are working in a consistent and harmonious way. It was against this backdrop that the Swiss Association for International Cooperation (Helvetas) developed a planning approach within its Council Support Programme (CSP) in Cameroon.

In Cameroon, municipal councils are legally responsible for promoting development. Municipalities are therefore required to draw up a development plan in consultation with all the actors of civil society. The first municipal plans were little more than wish lists, which took no account of municipalities' actual potential and possibilities. In particular, municipalities could not always call upon the human resources that they needed to carry out their tasks of independent administration, delivery of local public services and promotion of local development.

In its communal Development Plan elaborated in 2011 and especially in the section dealing with strategic planning, the Mamfe council set up a number of objectives and verifiable indicators that will be used in this write up to compare with the results of the scorecard in the municipality. Below

are some of the indicators according to the various sectors that were selected for the perception survey.

### **1.2.1 Hydraulic Services**

In the Mamfe CDP of 2011, it was foreseen that by 2014; at least 11 communities have functional water schemes; all existing water schemes are rehabilitated and functional; 3 additional reservoirs are constructed; pipe borne water is extended and stand taps constructed in 5 communities; at least 5 new water schemes are constructed and functional and at least 30% of water sources in the municipality are good for drinking.

### **1.2.2 Health Services**

In the CDP, it was forecasted that by 2015, at least four health centers and one hospital (government) are equipped with at least 60% of basic facilities; 3 health centres are constructed; HC are equipped with 20 beds, 3 delivery beds, 3 solar panels; at least 50% of the population have access to essential drugs at affordable price and at least 60% of the population are adequately attended to in health centres and hospitals yearly.

### **1.2.3 Educational Services**

With respect to the educational sector, the CDP of Mamfe at the basic level foresaw that by 2020, at least 90% of children within the Mamfe municipality have access to quality basic education and by 2015, 39 new classrooms and 8 offices are constructed, 7 classrooms renovated, 850 desks supplied and 24 stand taps and 17 latrines constructed.

At the secondary school level, it was projected that by 2015, At least 80% of students should have access to quality secondary schools, commercial and technical school; at least 2 new secondary and high schools are created and functional each school has at least ten trained teachers and functional. It was equally envisaged that during this period, 1science and 2 computer laboratories are constructed and equipped, 27 classrooms constructed, 1,111 desks supplied to schools and 1 latrine and 6 water points constructed.

#### **1.2.4 Municipal Services**

It was projected in the CDP that at least 50% of communities in the municipality have access to council services yearly; a fund raising strategy developed and functional and internal revenue increased by at least 10% each year; effectiveness and efficiency of council management increased by at least 50% of planned projects realized yearly and at least 50% of required equipment in place and functional

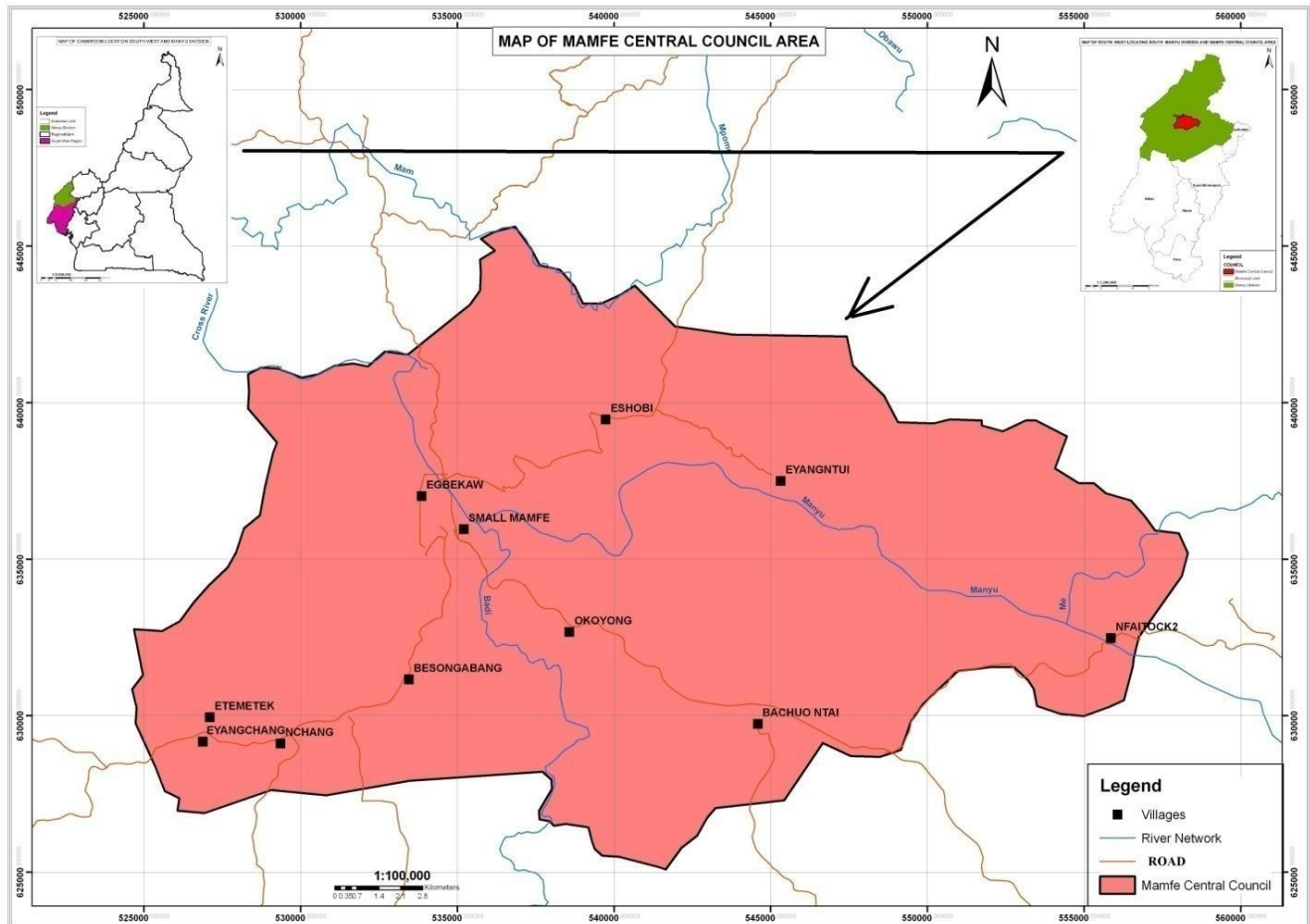
Council premises given a face lift with at least 50% of staff indicating happiness at work.

It was foreseen that during the same period, 10 staff would have been trained on resource mobilization, 10 senior staff on budgeting, 25 councilors on financial procedures, 12 staff on planning, monitoring and evaluation of projects and 7 finance staff upgrade knowledge on finance.

### **1.3 BRIEF PRESENTATION OF THE MAMFE COUNCIL**

#### **1.3.1 Location of Mamfe Council**

Mamfe municipality is found in Manyu division of the Southwest Region of Cameroon. It is located in the northern part of the Southwest. It is about 74 km away from the Cameroon – Nigeria Border. The council shares common boundaries in the north with Akwaya council, in the east and south with Eyumojock council and in the west with Tinto council.



**Map 1: Location map of Mamfe council area**

### **1.3.2 Historical and administrative organisation of the council**

Mamfe Municipal Council corresponds to Mamfe subdivision. Mamfe town is the head quarter of Manyu Division in the South West region of Cameroon. Mamfe rural council started as far back as 1917 as Mamfe Native Authority. It was comprised of the present day Nguti, Fontem, Widikum, Akwaya, Eyumojock, Tinto and Mamfe Central council. In 1978 when Eyumojock was created, it became Mamfe \rural council. Tinto was later carved out in 1995 to let alone Mamfe central. Before 1995, the government appointed the Municipal administrators. The first elected Mayor (Ayuk Emmanuel Ako) came in 1995 (1995 - 2002). The present Mayor is Mr. Ayuk Takochong John

The Mamfe Rural council area is made up of 11 autonomous villages grouped into four clans. Mamfe town which is the head quarter of manyu division has extended from Small Mamfe as the main village to parts of Bessongabang and Egbekaw Villages.

The population is 34,225 inhabitants over a surface area of 744 square kilometers giving a population density of 46 person/square kilometer. The indigenes of the Mamfe Council area are the Bayangs. Generally, there is a mixture of several Cameroonian tribes that inhabit the Mamfe council area, but the domineering tribes include the Anyangs, keyangs and tribes from North West region (Bali, Bansa, widikum). Most of these people moved into this area to practice farming attracted by the fertile soil.

The indigenes of the Mamfe Council area are the Bayangs. Generally, there is a mixture of several Cameroonian tribes that inhabit the Mamfe council area, but the domineering tribes include the Anyangs, keyangs and tribes from North West region (Bali, Bansa, Widikum). Most of these people moved into this area to practice farming attracted by the fertile soil. They contribute highly to the agricultural output of some of the villages and most have intermarried and interact in many social and economic activities.

There is freedom of worship in the Mamfe municipality. Generally, the people practice Christianity. The main Christian denominations in the area include: the Presbyterians, the Roman Catholics, the Baptists, Full gospel, Apostolic and several other Pentecostal churches. Islam and traditional religion also exist in the municipality. The Bayang tribe as a whole worship several gods which are strongly linked to the traditional institutions.

### **1.3.3 Economic aspects of the council**

Economic activities in the municipality fall within three main sectors. These sectors are:

- The primary sector defined by natural resource management activities such as agricultural, animal rearing, fishing and forest exploitation;
- The secondary sector is defined by mining and industrial activities;
- The tertiary sector is characterized by the provision of services such as transportation and banking.

### **1.3.4 Description of the Biophysical Environment**

#### **I. Climate**

The Mamfe municipality falls within the Equatorial Climate Zone. It has the Equatorial Rain Forest Climate, which is characterized by two distinct seasons; the rainy and the dry seasons. The dry season runs from October/November to March and is characterized by elevated temperatures (30°C-32°C). The rainy season begins from March/April and ends in September/October with an annual average rainfall ranging between 3500mm – 4000mm, and peak periods in the months of July and August.

#### **II. Hydrology**

The area is richly watered by the Badi and Manyu rivers and their tributaries. The Badi and Manyu rivers are prominent rivers that join to make up the “Cross River” that flows into Nigeria. Some streams do exist in the area like the Monyen and Baku streams. A waterfall exists in Bachou Ntai. Swamps exist in Bachou Ntai, Lala quarters (Mamfe town), towards Egbekaw village and another towards the Catholic Mission in Mamfe town.

#### **III. Soils**

Three main types of soil exist in this municipality: the sandy soil, humus or top soil and the red clay soil.

#### **IV. Vegetation**

Generally, the Equatorial Rain Forest occupies the area and it also falls within the Tropical Evergreen Forest Type of Cameroon. It is also part of the Guineo-Congolian Floristic Region with altitude ranging from 90m-500m above sea level. We have the primary and secondary vegetation types in the area. The variation in the above-mentioned characteristics causes the existence of two unique types of vegetation in the municipality. The vegetation types are the Lowland rain forest and the Mid-Altitude Forest.

#### **V. Forest**

Forest Resources include Timber, Non-Timber Forest Products (NTFPs), Wildlife. No data on the quantity of timber in the area exist but it is estimated that over 80% of the area is covered by forest. Meanwhile a good quantity of NTFPs and Wildlife do exist in the forest

## **VI. Mineral**

Mineral deposits exist in some areas of the municipality, most of which are not exploited. The municipality is endowed with a lot of quarries which is highly exploited, unfortunately about 50% of the exploiters are illegal. If stricter measures are put in place to follow up the exploitation of this mineral, it will bring in much income to the council.



## **CHAPTER 2:**

### **METHODOLOGICAL SYNTHESIS OF THE SURVEY**

#### **ON CITIZEN’S CONTROL OF PUBLIC ACTIONS IN THE COUNCIL OF MAMFE.**

#### **2.1 CONTEXT OF THE STUDY**

The National Community-Driven Development Program (PNDP) is a tool put in place by the Government of Cameroon with the assistance of its technical and financial partners in order to improve on the livelihoods of the populations living especially in rural area and to stimulate the decentralization process, on the other hand.

After the preceding 2 phases that were considered satisfactory, the government introduced a third phase called consolidation phase. This phase includes the extension of the programme to 31 councils not previously covered by the previous phases, the scaling up of Citizen’s Control of Public Services (Scorecard), permanent follow-up of the activities of communities (CC et COGES), verification and control of council budgets etc.

The objective of the development of the programme in its third phase is to reinforce the management of local public finances as well as promote a participative development process at council level in view of guaranteeing the supply of quality and sustainable infrastructure and socio-economic services. This objective has specific objectives with precise results of which one of the indicators is the ‘Number of councils having put in place an operational mechanism of citizen’s control and access to information’. In order to attain the targeted value of this indicator, it was necessary to develop a mechanism of Citizen’s Control of Public Actions (CCPA) all over the national territory. The putting in place of this mechanism requires carrying out a survey on the perception of citizens within councils on the supply of some public and council services.

This type of survey was carried out in 10 councils during the previous phase of the programme within the framework of citizen’s control called “Scorecard”. This survey allowed the concerned councils to have a perception of their population on the quality of public services rendered in the sectors of Water, Health, Education and Council services. This operation was successful as a means of elaborating an effective governance tool through which considerable changes could be capitalised in the councils. Proud of this experience, PNDP decided to extend this operation to 160

councils.

Contrary to the pilot phase that was implemented by the Regional Programme Unit, this phase was programmed to be implemented by Civil Society Organisations (CSOs) specialised in the area.

Of the 160 councils that were finally selected for the project at the national level, 12 were in the South West Region. 2 consulting institutions were equally selected to ensure the effective implementation of the project in the South West Region namely AJESH and NADEV. AJESH had 5 councils namely Mamfe, Bangem, Nguti, Alou and Menji.

## **2.2 OBJECTIVE AND METHODOLOGY OF CCAP**

### **2.2.1 Objective**

The goal of the scorecard is to carry out a citizen's control of public actions in Mamfe council of zone 19 in the South West Region of Cameroon. The said survey was equally intended to dwell on the indicators of services delivered by the council and those emanating from other development actors/stakeholders involved in the council's environment in view to make known their problems. The survey also specifically aimed at;

- Identifying the stakes and actors (administration and users) with Mamfe municipality
- Collect data and disseminate the results in the council in collaboration AJESH
- Strengthen the capacity of Mamfe council from knowledge acquired from the data collection results
- Adopt changes that will be suggested at the end of the activity for the council area
- Put in place a concertation framework that will regroup several institutional actors at the council, Divisional, Regional and National levels in order to promote the institutionalization of CCPA.

### **2.2.2 Methodology Of the CCAP**

The scorecard project for zone 19 started with the participation of AJESH at the regional launching ceremony that took place at Holiday Inn Hotel in Limbe on the 30<sup>th</sup> of August 2017.

The methodology adopted for the realisation of this study included:

- Negotiate the engagement with stakeholders on the operation,
- Selection and training of enumerators and provision of data collection tools
- Collect, process and analyze data, Produce reports,
- Reading of reports and updating of reports,
- Restitution of reports and plan action and
- Dissemination of information and negotiation of the changes within Bangem council

## **2.3 -METHODOLOGY FOR DRAWING OF SAMPLES AND COLLECTION OF DATA DRAWING**

### **2.3.1 -Sampling**

#### **I. Field of the Survey and Targeted Population**

The selection of structures and households for the survey within the Mamfe council area was done through the random selection of households based on the ECAM numbering of the houses in the area with the help of the National Institute of Statistics (NIS).. A household within this context refers to one person or a set of persons with or without family links, who live together under the same roof (house, compound, etc.) and who generally share their meal together, put part or whole of their incomes in common in order to meet their needs. They recognize the authority of one person amongst them who is referred to as the household's head.

#### **II. Survey Method**

To enable the exercise to be very credible, the technical aspects that included the selection of households for data collection, the analysis of the data and production of tables was done by the National Institute of Statistics (NIS) and the list of households was established on the basis of EC\_ECAM 4 survey sample (2 627 ZD of the RGPH 2005 selected as part of this operation).

#### **III. Sample Size**

17 villages (localities) were initially sampled for the data collection exercise and a number of households sampled for questionnaires to be administered in each of the villages depended on the locality. A total sample size of 320 households and 320 questionnaires were to be administered in

each of the localities. Unfortunately, the technical documents for some of the villages were not provided until the end of the exercise and so data collection could not be done for those localities. Equally, instead of providing information for the indicated number of households in each of the villages, information was provided only for some households in some villages (Information in red corresponds to what was missing). Consequently, the total sample size of Mamfe dropped from 320 to 244. See table below.

**Table 1: Initially programmed and actual sample size**

S/N	Name of Locality	EA Number	No of Households Sampled	No of HH with available technical information
1	Small Mamfe North	001	27	26
2	Hausa Street	002	16	16
3	Main Street	003	18	18
4	New Layout West	004	15	14
5	Banso Quarters	005	19	19
6	Besongabang	006	31	31
7	GRA	007	9	9
8	New Layout West	700	30	29
9	Bachuo Ntai	702	13	12
10	Okoyong	703	26	25
11	No technical information given	707	17	00
12	No technical information given	708	7	00
13	No technical information given	709	10	00
14	No technical information given	710	37	00
15	Beja Quarter	711	5	5
16	Bachuo Ntai	712	14	14
17	Egbekaw	713	26	26
18	Total		320	244

### 2.3.2 -Data Collection

#### I. Collection Tools

The main data collection tool was initially programmed to be a tablet computer. Unfortunately, this failed at the last minute. The main data collection tool of this survey was thus the household questionnaire. It was broken down into five (5) sections, the first of which focused on background information, the second on hydraulics, the third on health, the fourth on education and the last one on services provided by councils. Where necessary, data was first of all recorded on a slip of paper and later on entered into the questionnaire.

## **II. Training of Agents for the Collection**

Zone 19 covered by AJESH had a total of 5 instead of 6 councils as technical information on Eyumojock council could not be found at the last minute. There were thus a total of 5 council supervisors that were trained at AJESH head office in Kumba from the 11<sup>th</sup> to the 12<sup>th</sup> of October 2017. The trained council supervisors on return to their respective council areas assisted their councils in the selection and recruitment of 15 data collectors for each council. Those of Mamfe were sensitized on the project and trained on data collection for 2 days as from the 16<sup>th</sup> to the 17<sup>th</sup> of October 2017 at the divisional delegation of MINEPAT.

## **III. Data Collection**

Of the trained 15 data collectors, all 15 were retained for field data collection as the mayor (1<sup>st</sup> Assistant) insisted that all must be used. Data collection was now done by 15 collectors that had 4 days each for the collection and an average of 5.3 questionnaires to be administered per day. Because of the problem mentioned above and because of the nature of the terrain, an adjustment was made on how the data would be collected. Some collectors ended up administering more questionnaires than others. Details can be found in the data collection report. The council supervisor went through all the questionnaires administered to ensure that errors were not made and sent back the collector to the field in the case of missing data. The exercise started in Mamfe on the 24<sup>th</sup> of October 2017 and ended on the 30<sup>th</sup> of October 2017.

## **IV. Exploitation of Data**

After going through all the administered questionnaires, the council supervisor sent them back to the office of AJESH in Kumba and after verification, the coordinator transferred all the questionnaires to PNDP in Buea where data entry into the computer took place. After the data entry was completed, the data was then sent to the National Institute of Statistics (NIS) where it was analysed and tables produced. After the production of the tables, they were again sent to AJESH for interpretation and reporting.

## **2.4 METHOD FOR MEASURING PERCEPTION INDICATORS**

The perception indicators were measured according to the variable of the population with respect to their satisfaction with services rendered in the 4 sectors namely hydraulic, health, education and council services which was filled in by the enumerator at the end of data collection in collaboration

with PNDP and the (NIS) and which complies with survey outcome using the relevant code of either;

01= *Complete survey*: if the data relating to all sections have been provided

02= *incomplete survey*: if the data relating to at least one section have not been provided

03= *Refusal*: If the household refuses to answer the questionnaire

04= *Absence of a competent respondent*: if there is no body on the day of the interview

05= Empty house or no house at all that corresponds to the address indicated

96= others (*to be specified*)

And depending on the question, some of the indicators were qualitative while others were quantitative. Some required that simple figures be given e.g distance to school (Quantitative) while others required that the household head simply appreciates the service provided, e.g very poor, poor, average good, very good etc.

## **CHAPTER 3:**

### **MAIN RESULTS AND SUGGESTED IMPROVEMENTS**

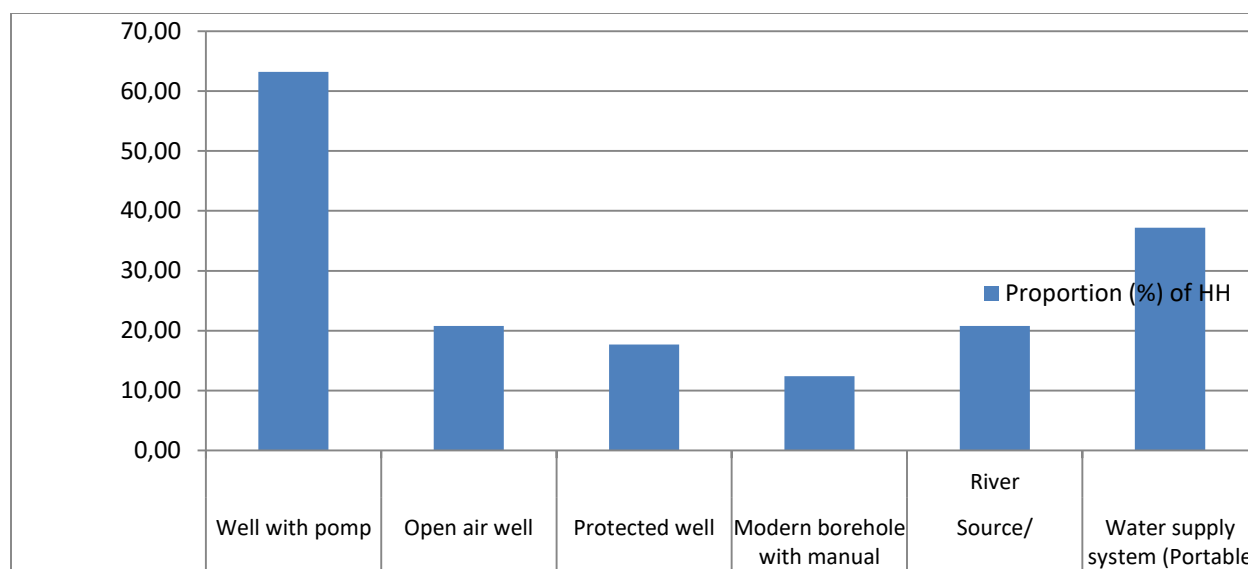
#### **3.1 PRESENTATION OF THE SURVEYED POPULATION**

The respondents classified into 2 main groups namely by age and sex. Survey results showed that the highest aged range that responded to the questionnaires was between the ages of 25 and 29 years with a percentage of 15.5%. However, 53.8% of respondents fell between the age range of 20-39 years old (Very youthful age). Exceptionally, only 4.7% of respondents did not specify their ages. Most respondents were men (54.6%) as opposed to women with 45.4%. On the other hand, of the respondents that were household heads themselves, 60.1% were men while 29.9% women. A very high percentage (38.1%) of household heads did not specify their age. The highest percentage of respondents that were HH heads fell within the age of 30 and 34 years. Many household heads that responded were relatively still very young (42.6%) with ages ranging from 25 and 49 years.

#### **3.2 THE HYDRAULIC/ WATER SECTOR**

##### **3.2.1 Availability and Utilization of Hydraulic Services**

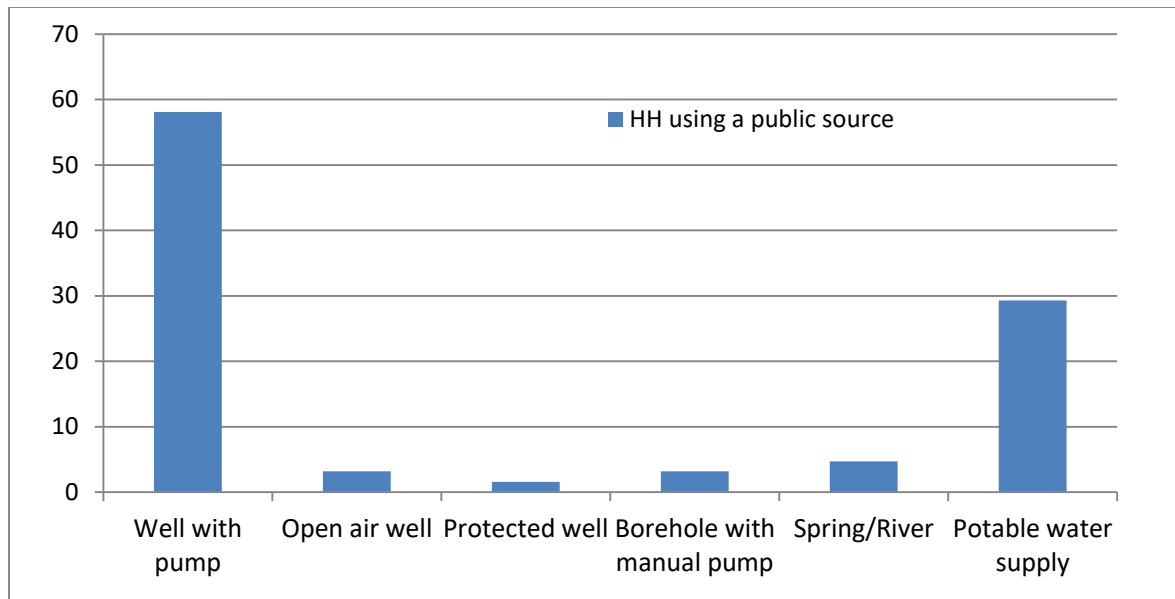
From the table below, it is clear that the greatest proportion of HH get their water from wells with pumps (63.2%) followed by those that get their water from a potable water supply system. Other significant sources include springs/rivers, open air wells and protected wells.



**Chart 1: Proportion (%) of HH with the under-mentioned systems of water acquisition**

Though a high proportion of HH (75.1%) declared using potable water, only 29.3% use portable water from a water supply system. A high proportion (58.1%) use water from wells with pump.





**Chart 2: Distribution (%) of HH according to the principal source of water acquisition**

### **3.2.2 Cost and Quality of Hydraulic Services**

#### **a). Water quality**

Only 38.2% of respondents admitted that the water quality is good. The majority (42.5%) declared that the quality is bad while 19.3% was indifferent.

#### **b). Water with odour**

68.5% of the sampled population said that the water does not have an odour while 25.9% said it has. 5.5% of the sampled population was indifferent.

#### **C). Water has taste**

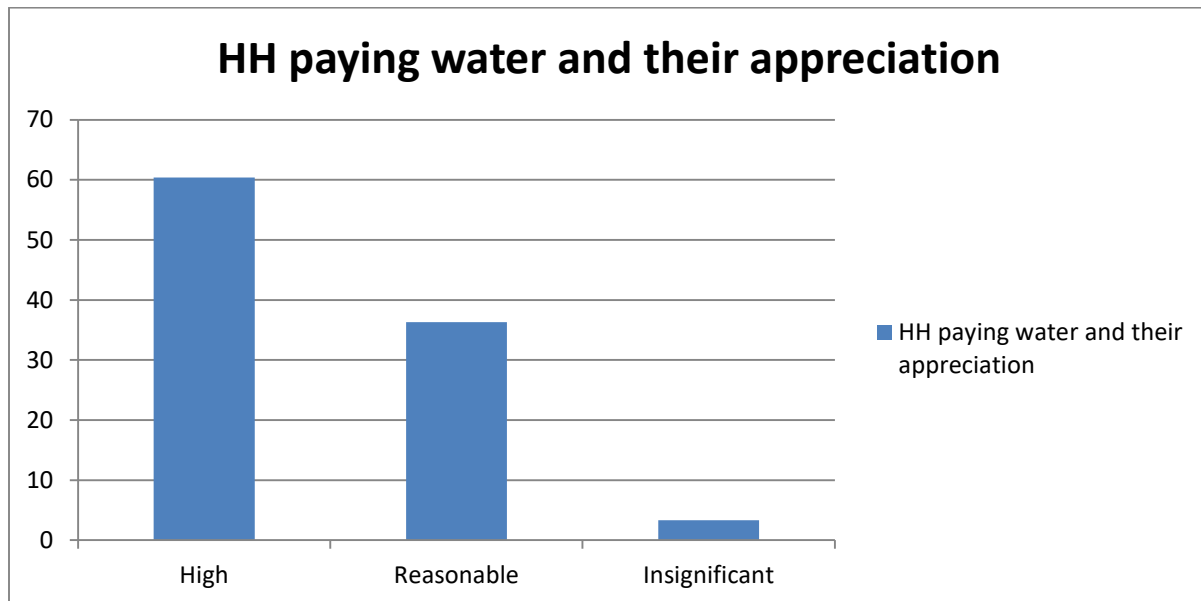
65.7% of respondents said that the water does not have a taste while 29.5% admitted that it has. 4.9% of the population was indifferent.

#### **C). Water has Colour.**

Once more, a significantly high proportion of the sampled population (43.9%) said that the water has a colour though a higher proportion (53.6%) said it hasn't. Another 2.5% of the population was indifferent.

#### d). Cost of water

76% of HH declared paying for water from the principal public source of water that they utilise and that the monthly average amount paid is 3,773 Fcfa.

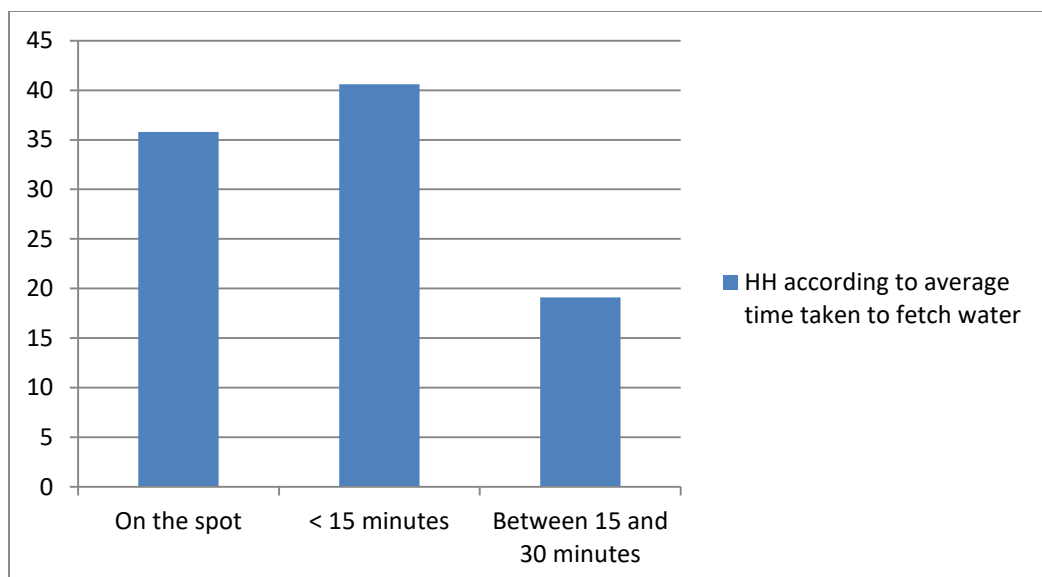


**Chart 3: Appreciation of the amount paid per HH to use the main public water supply**

(60.4%) of the sampled population reported that, the monthly amount paid for the hydraulic service is high

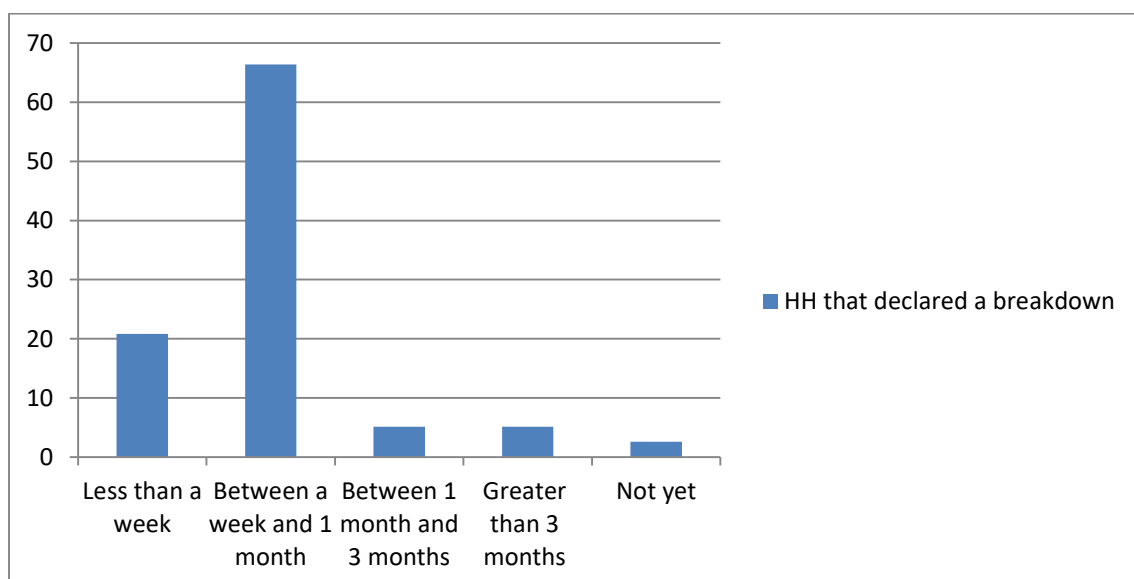
#### 3.2.3 Appreciation of Hydraulic Services

Only 15.2% of HH admitted that they get water from the principal public source of water throughout the year. 47.0% of the HH getting water from the principal public source said they have access throughout the day. 52.5% of HH getting water from the principal source said that the frequency of access to water corresponds with their needs.



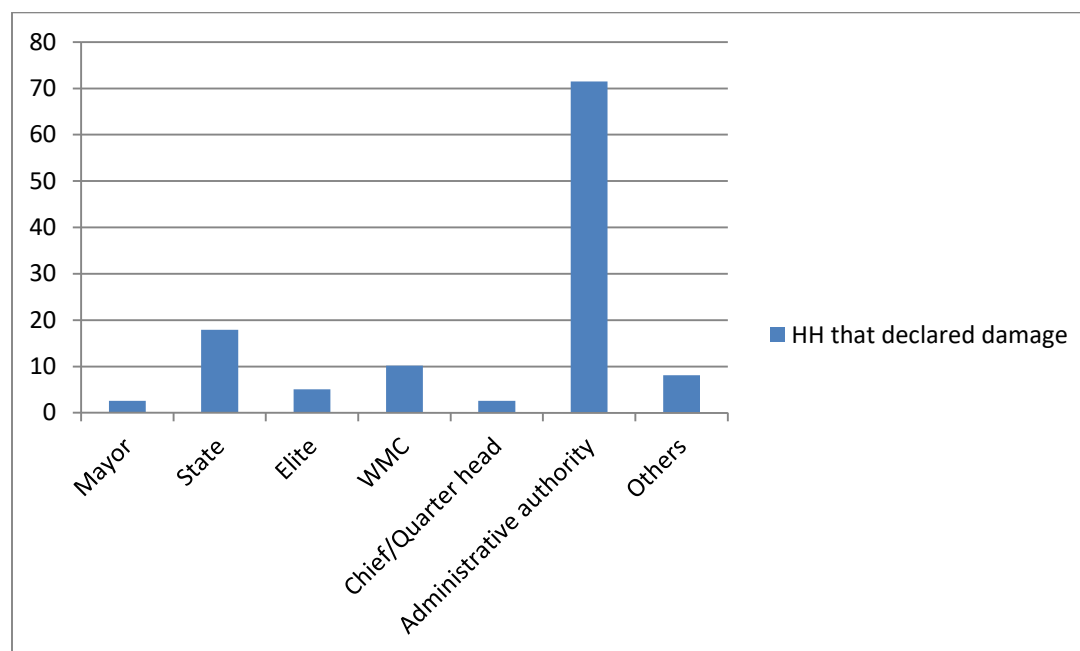
**Chart 4: Percentage of HH by access, availability and frequency of utilization of water from a public source.**

From table 5, it is clear that the principal public source of water is not far from homes as a large proportion of respondents (40.6%) declared that they take less than 15 minutes to fetch the water and return home while another 35.8% said the source is even on the spot.



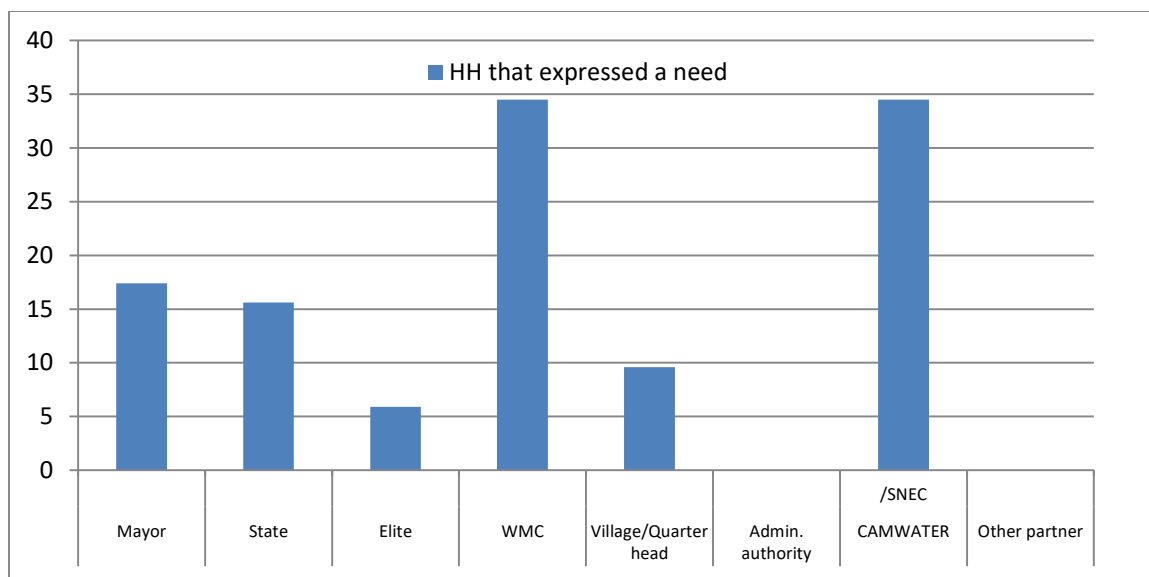
**Chart 5: Proportion (%) of HH having declared a damage and the period taken to put the water source back to use.**

From the table above, only 30.8% of the interviewed HH declared a breakdown in the principal public water source during the last 6 months. For those that declared, the highest percentage (66.4%) took between a week and a month to declare. 20.8% took less than a week.



**Chart 6: Proportion of HH that declared damage and institution that intervened to repair it.**

Only 30.8% of the sampled population expressed the need for portable water supply during the last 6 months. Of this percentage, only 40.6% expressed satisfaction with the needs expressed.



**Chart 7: Institution or person to whom need was directed**

From table 7 above, 69% of those Households that expressed a need did so either to the Water Management Committee or to CAMWATER or SNEC.

### 3.2.4 Reasons for Dissatisfaction of the Populations

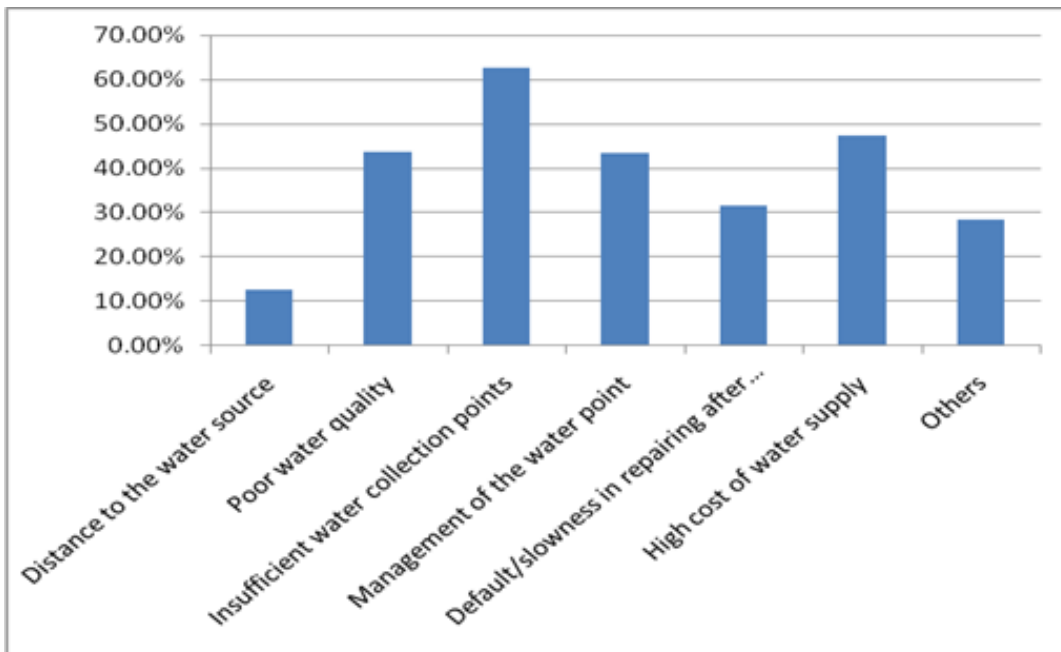
81.1% of HH are dissatisfied with the irregular supply of portable water especially those of Mamfe town because the flow of pumps solely depends on electricity meaning power out = no water. This dependency of water flow on electricity makes the cost of hydraulic services to be high.

The time taken to satisfy the needs above cannot be estimated as the data obtained was not reliable enough.

Of the reasons advanced for the dissatisfaction of the population, below are the percentages of unsatisfied HH according to the reasons advanced:

- Distance to the water source-----12.5%
- Poor water quality-----43.5%
- Insufficient water collection points-----62.6%
- The management of the water point-----43.4%
- Default/slowness in repairing after damage-----31.4%
- High cost of water supply-----47.4%

➤ Others-----28.3%

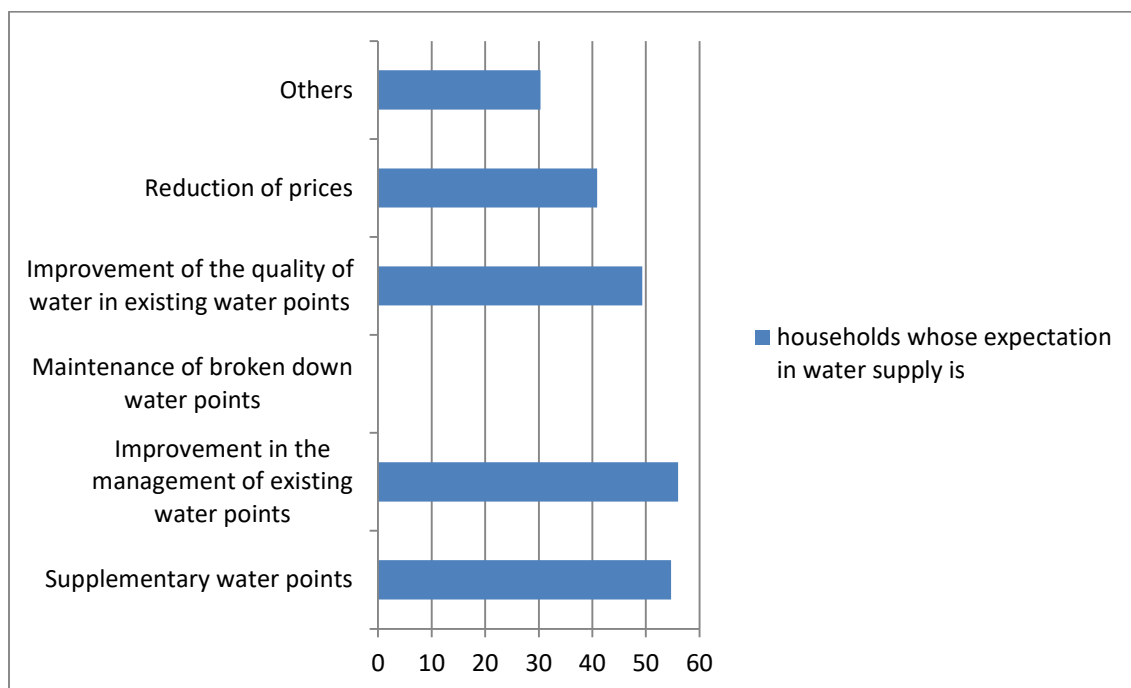


**Chart 8. Reasons for dissatisfaction of the population**

From the information listed above, it is evident that the greatest cause of dissatisfaction with the provision of hydraulic services in Mamfe is insufficient water collection points (62.6% of HH) followed by the high cost of water (47.4%) and the poor water quality (43.5%) and the management of the water points.

### 3.2.5 Expected Results from Hydraulic Services

Households in Mamfe expect a great change in the services rendered in the hydraulic sector. Top on their list of expectations is that there should be an improvement in the management of existing water collection points (56% of HH) followed by the provision of supplementary water collection points (54.7% of the households). 49.3% of the households expect an improvement in water quality in the existing water collection points while another 40.9% expects a reduction in the cost of water. And also would appreciate if CAMWATER can provide a stand by generator to pump out water especially for Mamfe town with the support of the council.



**Chart 9: Expectations of HH with respect to water supply**

### **3.2.6 Synthesis of the Perception of Hydraulic Services and Suggested Improvements**

The water supply system in Mamfe is has several insufficiencies that constitute a call for concern and so needs a speedy follow up.

#### **i) SYNTHESIS OF THE PERCEPTION OF HYDRAULIC SERVICES**

- Though 75.1% of HH admitted using potable water, only 29.3% use potable water from a public potable water supply system.
- Only 38.2% of respondents admitted that the water quality is good while 42.5% declared it bad. Though only 25.9%, 29.5% and 43.95 of the sampled population said that the water has odour, taste and colour respectively, these are uncomfortable figures and the situation needs a redress.
- 60.4% of HH again declared that the monthly cost of water (3773Fcfa) is high which is true for a place like Mamfe.

- A very low percentage of respondents admitted getting water from the public potable water supply system throughout the year and the frequency doesn't correspond to their needs.
- A speedy repair in damages was observed and the administration and the water supply corporation seem to play a major role in repairs of damaged supply systems in Mamfe.
- 81% of the sampled population is dissatisfied with portable water supply and the main reasons being insufficient water collection points and high price of water.

## **ii). SUGGESTED IMPROVEMENTS/RECOMMENDATIONS**

These should include:

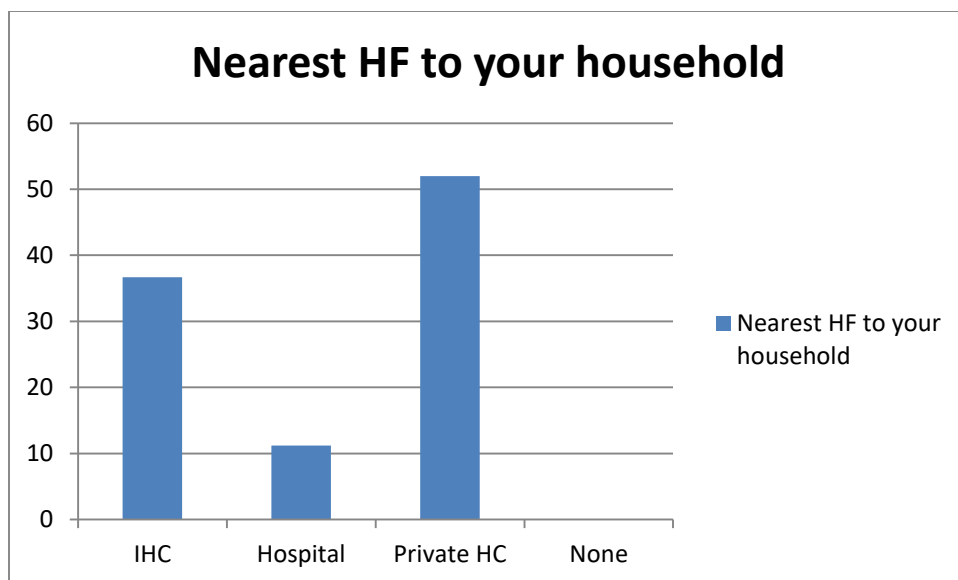
- The provision of supplementary water points;
- Improvement in the management of existing water collection points;
- Improvement in the quality of water;
- Reduction of prices;
- Maintenance of broken down water points.

## **3.3 HEALTH SECTOR**

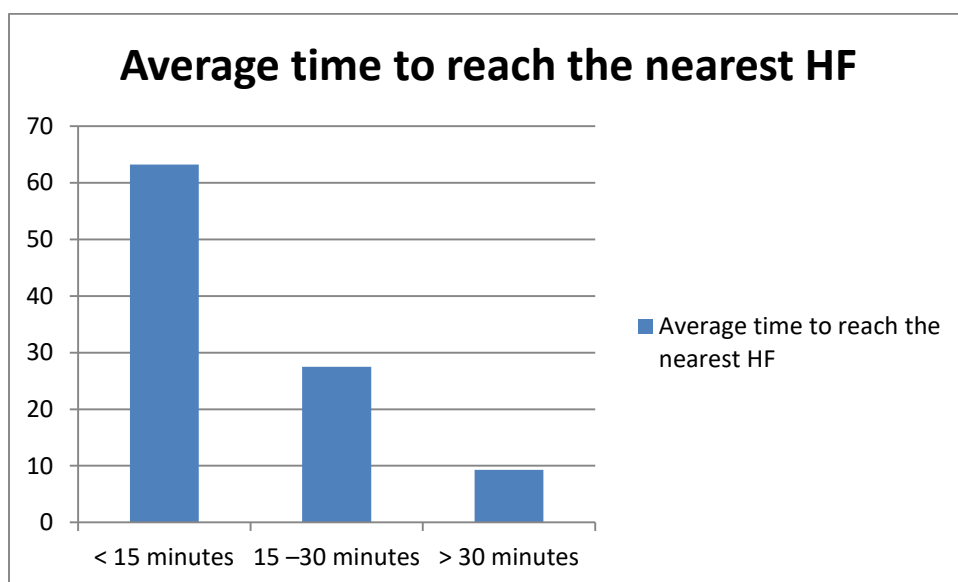
### **3.3.1 Availability and Utilization Of Health Facilities**

From table 10 below, the nearest health facility to the households sampled is the Private Health Centre (52% of HH) followed by the public Integrated Health Centre. Most HH (63.2%) indicated that it takes them less than 15 minutes to reach the nearest HF. Another 27.5% of interviewed HH declared that it takes them between 15 and 30 minutes to arrive the closest HF to the village. The HH prefer nurses than nursing aids and so it is important that the council should organize more training and recruitment of senior nurses.



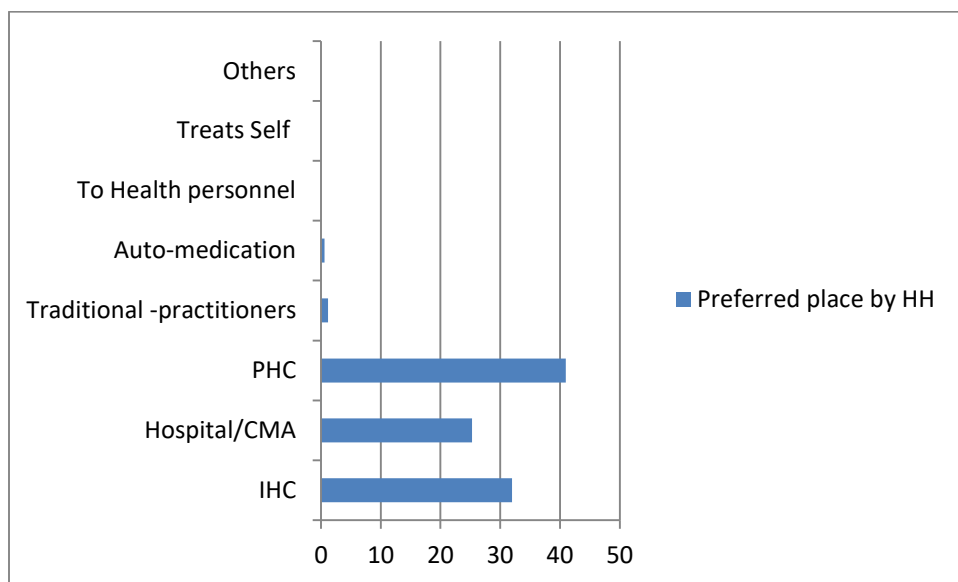


**Chart 10: Proportion (%) of HF close to HH**



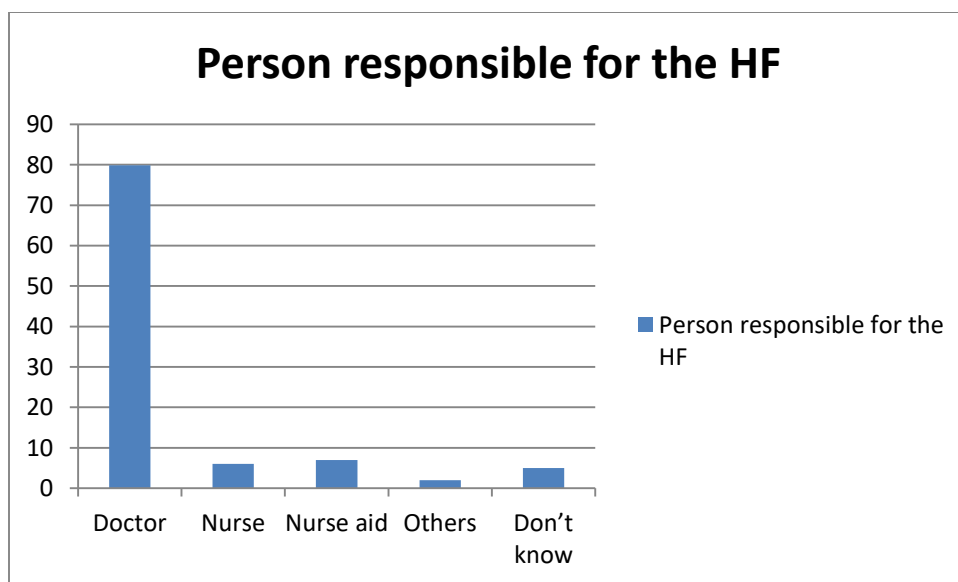
**Chart 11. Average time to arrive the nearest HF**

From the table below, most of the sampled HH (41%) in Mamfe prefers to go to the private health centres for healthcare followed by the public integrated health centres (32%). 25,3% said they prefer the hospital/CMA. While a very negligible proportion said that they either prefer traditional-practitioners or auto-medication, none preferred going to a health staff or treating self.



**Chart 12: Distribution (%) of HH by preference of where they want to go for healthcare**

The proportion of households using the closest Health facility to their homes is 60%. Of this population at least a member of the HH solicited the closest HF because of the presence of a doctor (79.9%). It is ironical here that people prefer nursing aids (7%) to nurses (6%).



**Chart 13: Proportion of the HH that at least a member solicited the nearest HF because of the person in charge.**

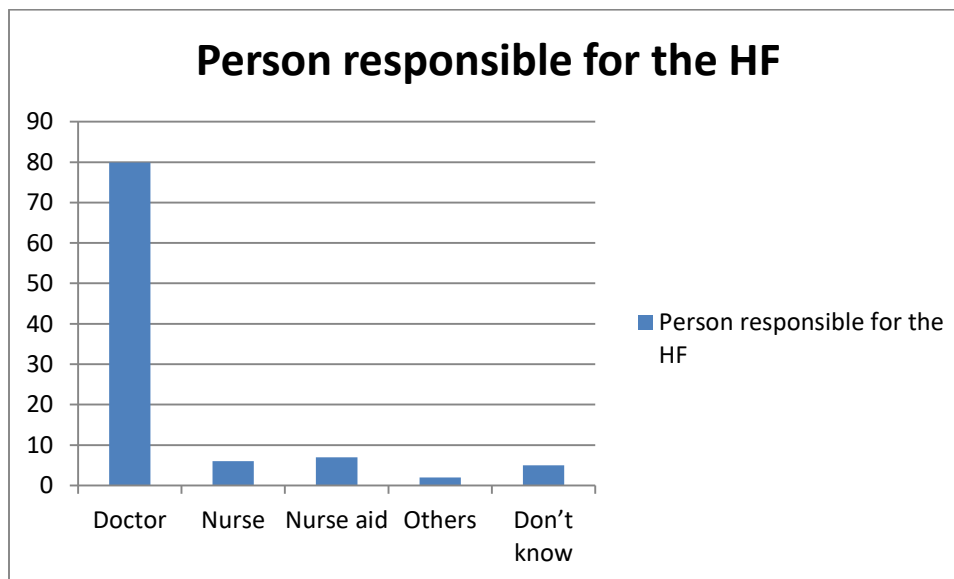
### 3.3.2 Cost and Quality of Health Services

#### a). QUALITY

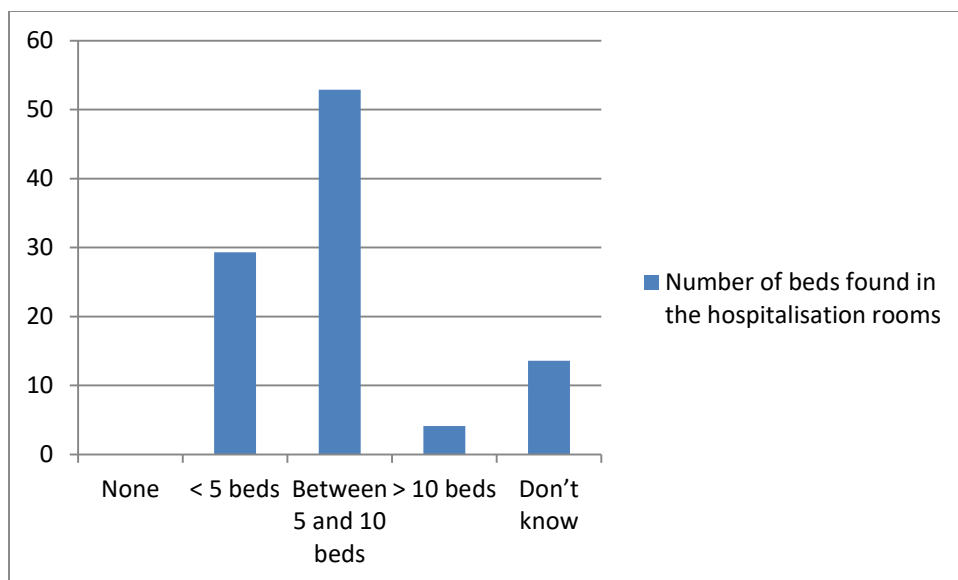
While 98% of interviewed HH confirmed that the HF has personnel, 89% said it has material and 97% declared that it has hospitalisation rooms. 52.9% said the rooms have between 5 and 10 beds while 29.3% said the rooms have less than 5 beds. None declared that the rooms do not have a bed though 13.6% was indifferent.

**Table 2: Distribution (%) of HH whose member solicited the nearest HF because of the appreciation of certain characteristics of the facility**

Proportion (%) of HH having visited the HF during the past 12 months and saying that:			Number of beds found in the hospitalisation rooms					
The HF has personnel	The HF has material	The HF has hospitalisation rooms	None	< 5 beds	Between 5 and 10 beds	> 10 beds	Don't know	Total
98.0	89.0	97.0	0.0	29.3	52.9	4.1	13.6	100.0



**Chart 14: Distribution (%) of person responsible for the HF**

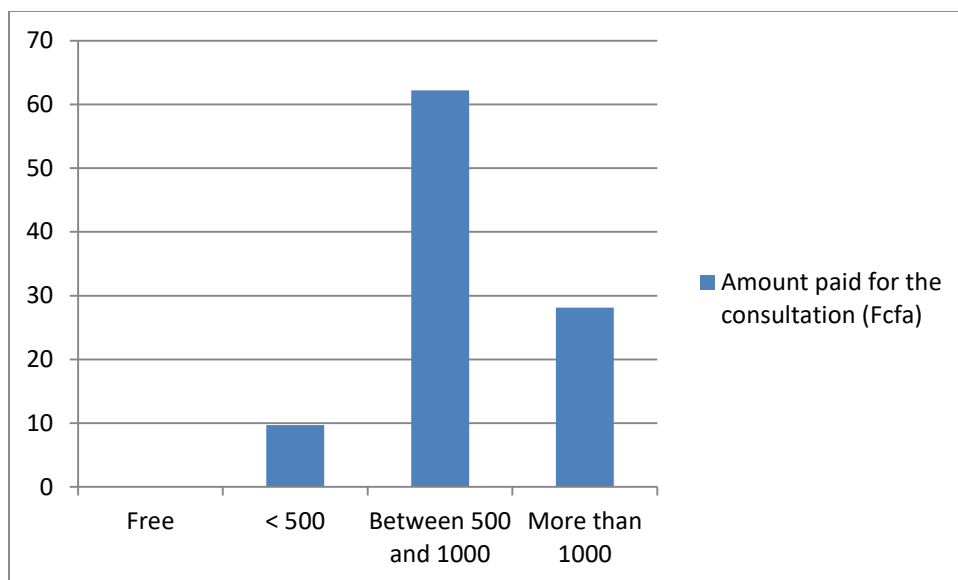


**Chart 15: Distribution (%) of beds found at the HF**

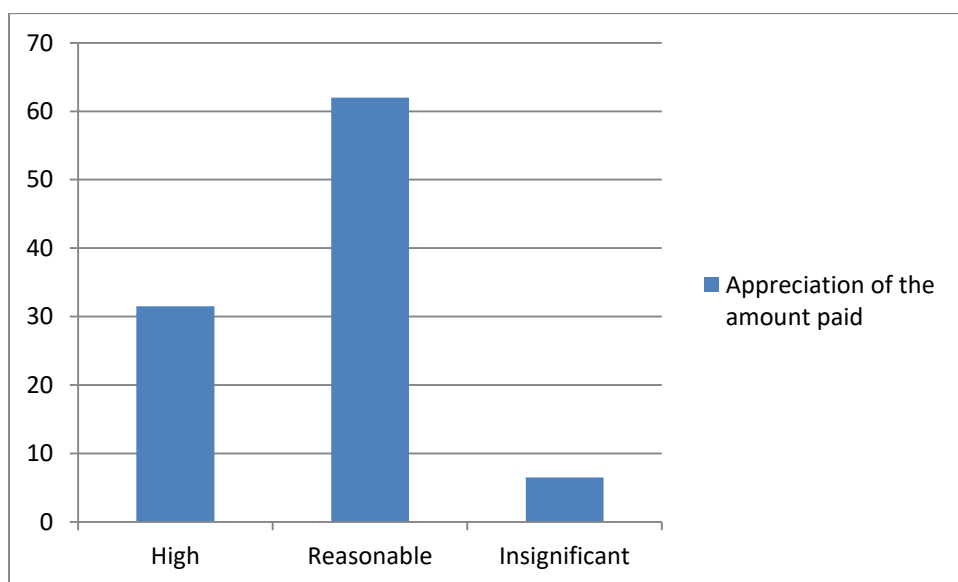
94% of HH having visited the HF during the last 12 months declared that it has a pharmacy/pro-pharmacy. 83.1% of this same group declared that the pharmacy/pro-pharmacy has medicines. Some of HF have just one personnel, insufficient equipment E.g. poorly equipped hospitalization wards and so, the council should at least employ additional health personnel where there is only one as well as increase its contribution in the building of health structures.

#### **b). COST**

95.7% of the households interviewed declared having paid for consultation in the nearest health facility. The highest proportion (62.2%) said they paid between 500 and 1000 Fcfa while 28.1% said they paid more than 1000 Fcfa. Only 9.7% declared paying less than 500 Fcfa. While 62.0% of interviewed HH declared that the amount paid is reasonable, 31.5% admitted that the amount is high. Another 6.5% of interviewers said it is insignificant.



**Chart 16: Amount paid for consultation**



**Chart 17: Appreciation of the amount paid for consultation**

### 3.3.3 Appreciation of Health Services

Of the proportion of HH whose member frequented the nearest HF, 64.3% observed that the reception is good while 25.2% said it is fair.

**Table 3: Amount paid for something else than consultation and appreciation of the reception.**

<b>Proportion (%) of HH whose member frequent the nearest HF and finds out that the reception was:</b>		
Good	Fair	Total
64.3	25.2	100

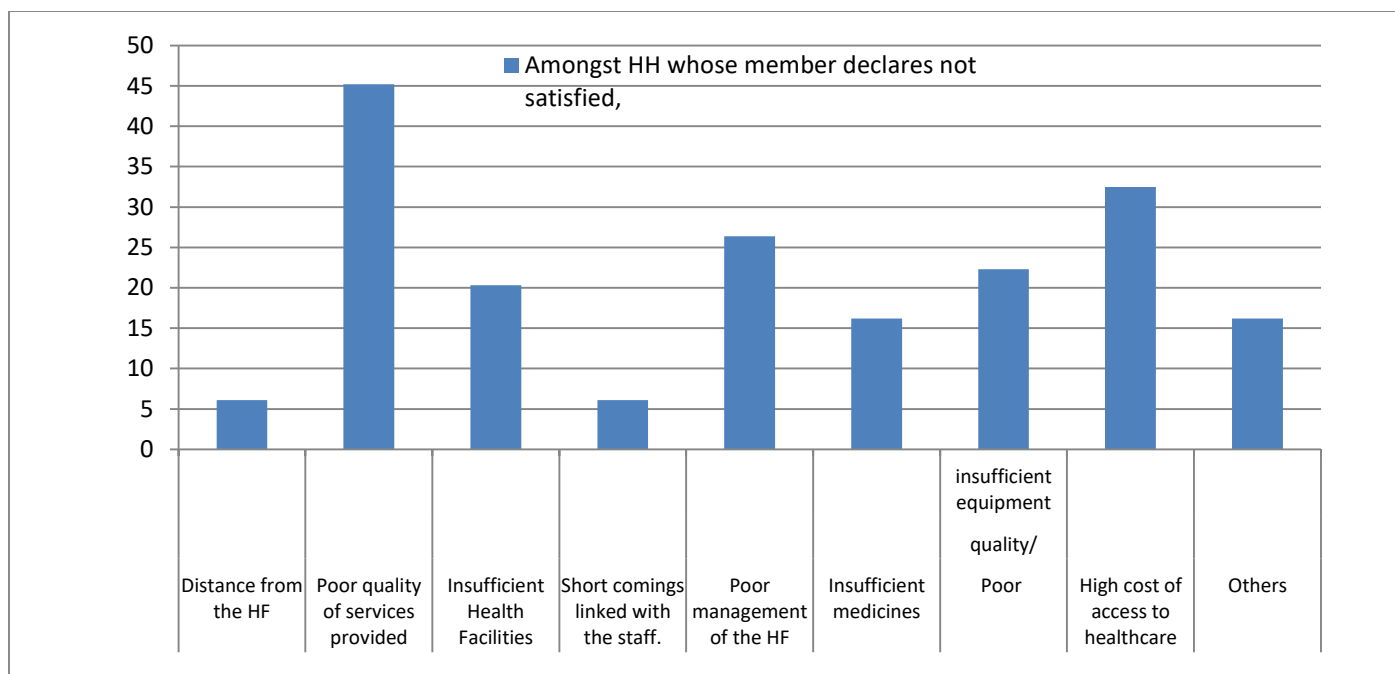
While a member of 65.7% of the sampled HH declared that most of the health problems in the village are taken care of, a member of 29.1% of the HH was not satisfied with the health services provided.

### **3.3.4 Reason for the Population's Dissatisfaction**

Though the above mentioned figures mentioned in table 16 below are not very reliable, 45.2% of the sampled HH present poor quality of services provided as their reason for dissatisfaction while 32.5%, 26.4%, 22.3% and 20.3% attribute the non-satisfaction to high cost of access to healthcare, poor management of the HF, poor quality or insufficient equipment and insufficient health facilities. Doctors are not always available in most health facilities coupled with the absence of trained pharmacy attendants in Most of the health facilities.

**Table 4: Percentage of HH not satisfied with health services and their reasons for dissatisfaction**

<b>Amongst HH whose member declares not satisfied, proportion (%) of members not satisfied for the following reasons?</b>								
Distance from the HF	Poor quality of services provided	Insufficient Health Facilities	Short comings linked with the staff.	Poor management of the HF	Insufficient medicines	Poor quality/ insufficient equipment	High cost of access to healthcare	Others
(6.1)	(45.2)	(20.3)	(6.1)	(26.4)	(16.2)	(22.3)	(32.5)	(16.2)



**Charts 18: Percentage of HH not satisfied with health services and their reasons for dissatisfaction**

### 3.3.5 Expected Results Concerning Health Services

. The sampled HH presented the following expectations in order of merit:

- Supplementary Health Facilities-----41.1%
- Equipped Health Facility-----36.3%
- Provision of medicines-----30.2% and
- Transfer of a staff-----26.7%.

A very high proportion of the sampled population (41.5%) had reasons other than those mentioned above like;

- Transfer of doctors to Health facilities
- And transfer or appointment of trained pharmacy attendants in HF

### **3.3.6 Synthesis of the Perception of Health Services and Suggested Improvements**

#### **i). SYNTHESIS OF THE PERCEPTION OF THE HEALTH SERVICES.**

Though the population must always have reasons for requesting for improvements in service provision, it is crystal clear that the health service provision in Mamfe is acceptable. The following enabled us come to this conclusion:

- The HF are close to the HH and they take a short time to reach them;
- Doctors seem to be very accessible as most HH prefer to consult with them;
- A very high percentage of the population admitted that the health facilities have personnel, material and hospitalisation rooms with between 5 and 10 beds;
- Most of the HF do not only have a pharmacy/pro-pharmacy but these are equipped with drugs;
- 62% of the population declared that the consultation fee is reasonable and another 6.5% observed that it is even insignificant;
- While 64.3% of the population observed that the reception at the HF is good, another 25.2% said it is fair and finally;
- 65.7% of the population said most health problems are resolved in the village.
- Doctors are not always available in most health facilities
- Most of the health facilities don't have trained pharmacy attendants

#### **ii). SUGGESTED IMPROVEMENTS/RECOMMENDATIONS**

The following are areas where the healthcare delivery system in Mamfe could be improved upon:

- The provision of Supplementary Health Facilities;
- Improved quality and quantity of equipment;
- Provision of medicines;
- Need additional staff;
- Improve the quality of services provided;
- Improve the management of the HF and
- Reduce the cost of access to healthcare.
- At least a doctor be found in all the HF
- And all HF should have a trained pharmacy attendant



### **3.4 EDUCATION SECTOR**

#### **3.4.1 Availability and Use of Education Services by Cycle**

There exists the full cycle of education within the Mamfe municipality that is the nursery, primary and secondary education and two Professional institutions namely, the government teachers training college (GTTC) and a nursing training school.

Each of the villages at least has one of the educational cycles with the majority of the children attending either the primary and secondary education. At least a member of 89.4% of HH in Mamfe declared that the village has a nursery school while 94.1% and 91.8% declared that the village/quarter has a primary and secondary school respectively

While the average household attending nursery education is 1.5, that attending primary and secondary education is 2.0. Most pupils in the nursery and primary schools cover less than one kilometre to reach school on foot. The children in primary school can take an average of 26.2 minutes to reach school. Even a majority of the secondary school students take less than 30 minutes to reach school as they cover less than 1 Km

It is important to note that a good number of the primary schools have complete cycle as indicated by 91.3% of the sampled population and the first and second cycle of the secondary schools at 94.5% and 76.8 respectively.

87.2%, 88.6% and 97.3% of households declared that the nursery, primary and secondary school children respectively sit on chairs. While 10.6% of the sampled population accepted that text books are distributed to nursery school children, 7.1% and 0% admitted that they were distributed in the primary and secondary school. Once more, there was no information for professional training. 87.2%, 88.6% and 97.3% of sampled population said the nursery, primary and secondary schools respectively have classrooms.

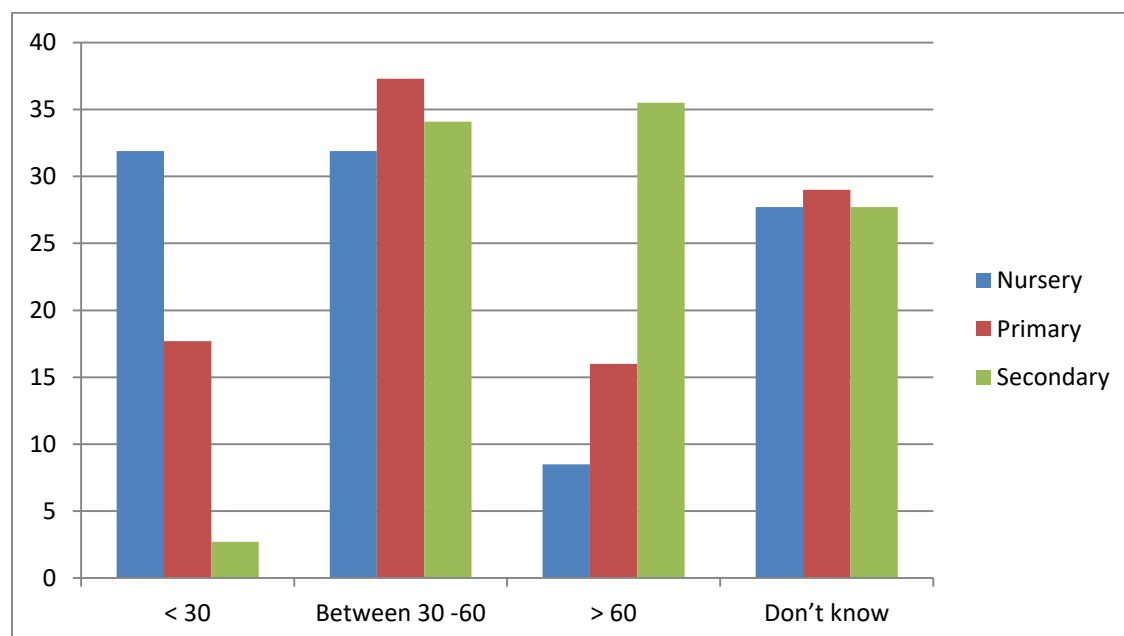
**Table 5: Table showing availability and use of education services by cycle:**

Level of Education	Proportion of HH whose member declares there is a cycle in the village/ quarter	Average number of children in the HH attending the cycle	Distance to cover by the children to reach school					Average time taken to reach school on foot
			< 1 Km	Between 1 – 5 KM	> 5 Km	Don't know	Total (%)	
Nursery	(89,4)	(1,5)	(85,1)	(10,6)	(2,1)	(2,1)	(100,0)	(44,7)
Primary	94,1	2,0	77,7	19,5	1,4	1,4	100,0	26,2
Secondary	91,8	2,0	52,0	38,2	1,4	8,4	100,0	29,8
Professional	*	*	*	*	*	*	*	*

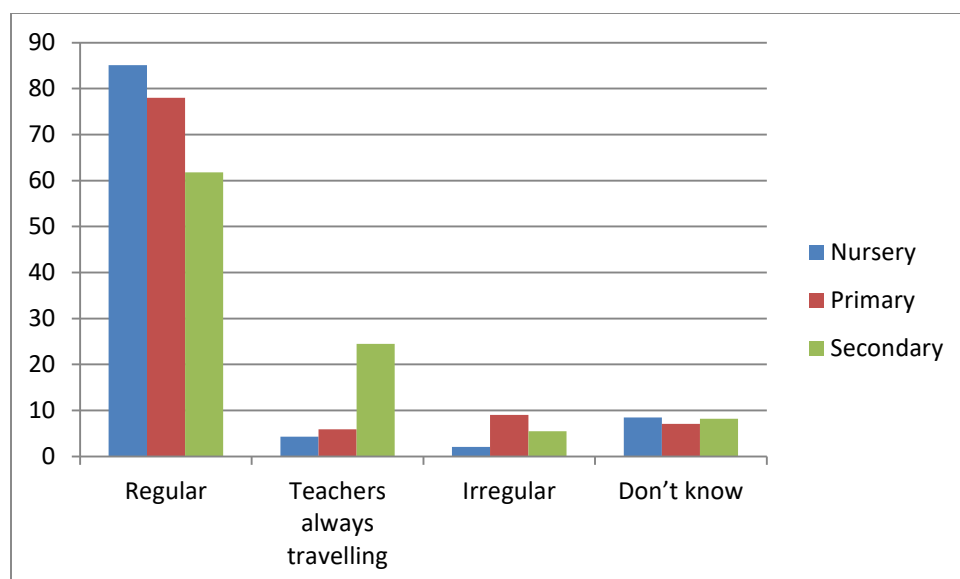
. \* Means the number of observations was too small (< 25) and so no commentaries

### 3.4.2 Cost and Quality of Education by Level

While a majority of the sampled HH said that the number of pupils in a class in primary and nursery school falls between 30 and 60, the number in the secondary schools is usually above 60. A high proportion of households; 85.1% for nursery and 78.0% for the primary schools admitted that the teachers are regular in class. This figure for the secondary education is low as only 61.8% of households admitted the regularity of teachers in class



**Chart 19. Average number of children in the class**



**Chart 20. Appreciation of frequency of presence of teachers in the class**

A very high proportion of the households; 100% for the nursery, 98.8% for the primary and 98.6% for the secondary schools admitted having paid the requested fee for education.

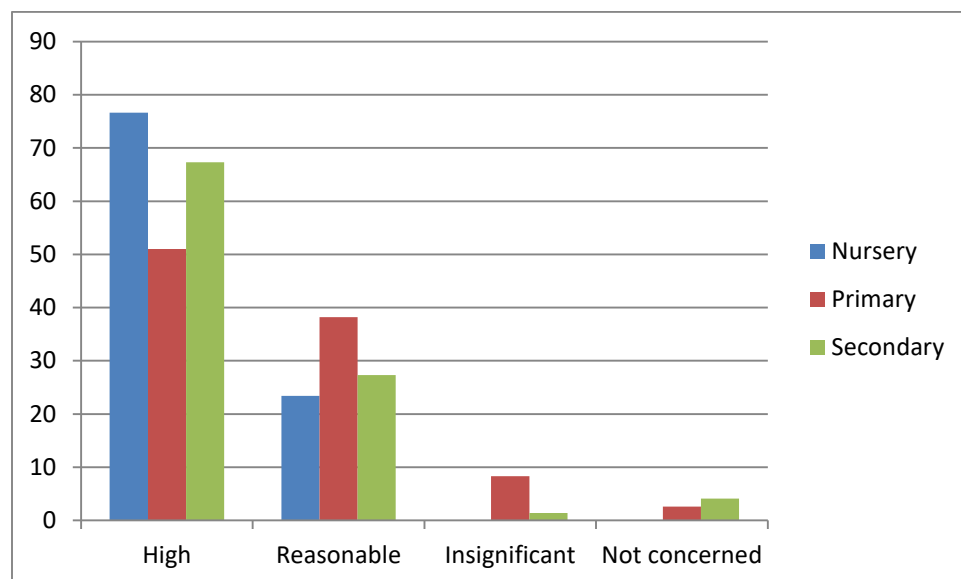
76.6% of households admitted that this amount is high for the nursery school, while 51.0% and 67.3% of households admitted it is high for the primary and secondary schools respectively. No information was available for the professional education sector.

In the nursery, primary and secondary levels of education, 91.5%, 80.3% and 76.4% of households admitted that. It was generally accepted that the council, elites and sectorial ministries played a minimal role.

**Table 6: Amount paid as fee and level of appreciation**

Educationa l level	Proportio n of HH having paid required fee	Average expense per annum within the council	Level of appreciation of the amount paid				Total
			High	Reasonabl e	Insignifican t	Not concerne d	
Nursery	(100,0)	(5895744,7 )	(76,6 )	(23,4)	(0,0)	(0,0)	(100,0 )
Primary	98,8	3.049.761,6	51,0	38,2	8,3	2,6	100,0
Secondary	98,6	7.864.604,2	67,3	27,3	1,4	4,1	100,0

The reflected amounts on the table above, sums up the average amount spent by the household heads of the sampled households per annum within the community on education whether private, public, secondary, primary, nursery or professional institutions.



**Chart 21: Amount paid as fee and level of appreciation**

### 3.4.3 Appreciation of Education Services by Level

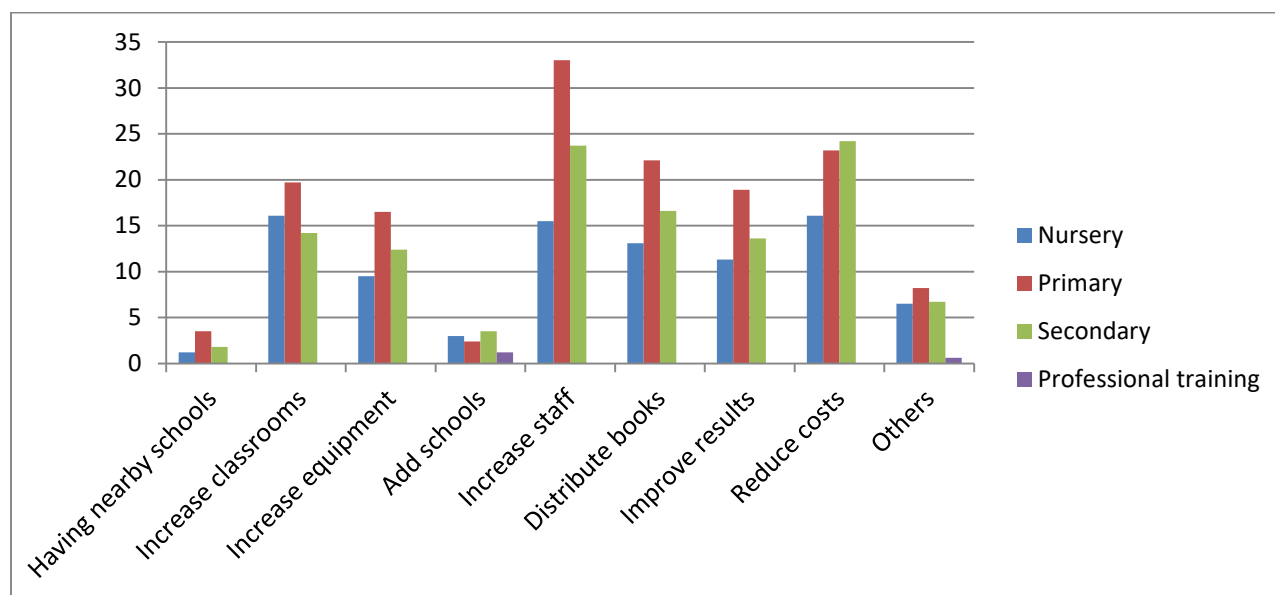
While 9.5% of households were not satisfied with the services rendered at the nursery level, 13.5% and 11.2% were not satisfied with the services rendered at the primary and secondary school levels respectively.

### 3.4.4 Reasons for People Dissatisfaction of Education Services by Cycle

- The insufficiency of teachers at the primary level
- The high amount paid as PTA for primary education
- The damaged state of the structures
- The dependency of the repairs of damaged classrooms on the Parents, Teachers Association (PTA)
- The irregularity of teachers in classrooms
- The minimal role played by the council, elites and sectorial ministries in maintenance of the school structures

### 3.4.5 Expected Results in Terms of Education

- At the nursery school level, the highest expectation of households was to increase classrooms and reduce cost (16.1%) followed by increasing personnel (15.3%) and then distribution of books.
- At the primary school level, the highest household expectation was to increase personnel (33.0%) followed by reduce cost (23.2%) and then the distribution of books (22.1%).
- At secondary school level, the highest household expectation was to reduce cost (24.2%) followed by increase the number of personnel (23.7%). Some information was given for professional training but this is weak.



**Chart 22: Expectations of Households**

### 3.4.6 Synthesis of the Perception of Education Services and Suggested Improvements

A very high proportion of households admitted that their village or quarter has a nursery, primary and secondary school.

Nursery and primary schools are quite close to homes while secondary schools are further away from homes and children have to trek long distances and take more time to get to school.

The sampled population accepted that the schools at all levels have classrooms and that the children sit on chairs. While up to 10.6% of households admitted that books are distributed in nursery schools, this is minimal or even non-existent at primary and secondary school levels respectively. While a high proportion of teachers are regular in class at nursery and primary school level, only 61.8% are regular at the secondary level. A high percentage of households admitted paying school fees but most said the fee is high.

It was realised that the repairs of damaged classrooms are mostly done by the school management board, PTA and with the elites, the mayor and sectorial ministries contributing very little.

A high proportion of households were, however not satisfied with the services rendered by the sector at all levels because of reasons like; insufficient classrooms, insufficient equipment, insufficient of teachers and high PTA in most primary schools.

Increase personnel and classrooms, adding equipment and reduction of costs are the main expectations of the households at all levels of education.

### 3.5 SERVICES OFFERED AT THE MUNICIPAL INSTITUTION

#### 3.5.1 Availabilities and Used Of Services at the Municipal Institution

The highest proportion of households (23.7%) that requested for services from the council was in respect of the establishment of Birth certificates followed by the certification of official documents (4.1%), information (3.1%) and marriage certificates (2.4%)

**Table 7: Availabilities and used of services at the municipal institution**

Service provided	Proportion of HH that asked for he service	Proportion of HH that demanded for the service and said it was good	Time taken to obtain the service requested						
			< 1 day	Betwe en 1 day- 1 week	Betwe en 1 week- 1 month	Between 1 month -3 months	> 3 Month s	On-going	Total
Establishme nt of birth certificates	23,7	(90,0)	(38,9)	(36,1)	(22,2)	(0,0)	(0,0)	(2,8)	(100,0)
Certification of documents	4,1	*	*	*	*	*	*	*	*

Building permits	1,8	*	*	*	*	*	*	*	*
Death certificates	0,6	*	*	*	*	*	*	*	*
Marriage certificates	2,4	*	*	*	*	*	*	*	*
Certificates of residence	0,0	*	*	*	*	*	*	*	*
Validation of localisation plans	0,0	*	*	*	*	*	*	*	*
Information	3,1	*	*	*	*	*	*	*	*
others	0,7	*	*	*	*	*	*	*	*

\* Means the number of observations was too small (< 25) and so no commentaries

### 3.5.2 Cost and Quality of Services

**Table 8: Service delivery time and cause**

Service provided	Proportion (%) of HH that that found the time to render the service long or very long	Proportion (%) of HH whose member asked for a service but found the service delivery time long – cause of the delay						
		Staff absent/unavailable	Absence of working material	Corruption	Others	Don't know	Total	Proportion (%) of HH having given bribe to obtain a service
Establishment of birth certificates	6,5	*	*	*	*	*	*	1,8
Certification of documents	0,6	*	*	*	*	*	*	0,0
Building permits	0,0	*	*	*	*	*	*	0,0
Death certificates	0,0	*	*	*	*	*	*	0,0
Marriage certificates	0,0	*	*	*	*	*	*	0,0
Certificates of residence	0,0	*	*	*	*	*	*	0,0

Validation of localisation plans	0,0	*	*	*	*	*	*	0,0
Information	0,6	*	*	*	*	*	*	0,6
others	0,7	*	*	*	*	*	*	0,0

\* Means the number of observations was too small (< 25) and so no commentaries

6.5% of the households that requested for the establishment of a birth certificate, 0.6 of those that requested for the official certification of documents, and 0.6% of those that requested for information found rendering the service either long or too long. 1.8% of HH admitted giving bribe to establish birth certificate.

### 3.5.3 Evaluation of Municipal Institutions Services

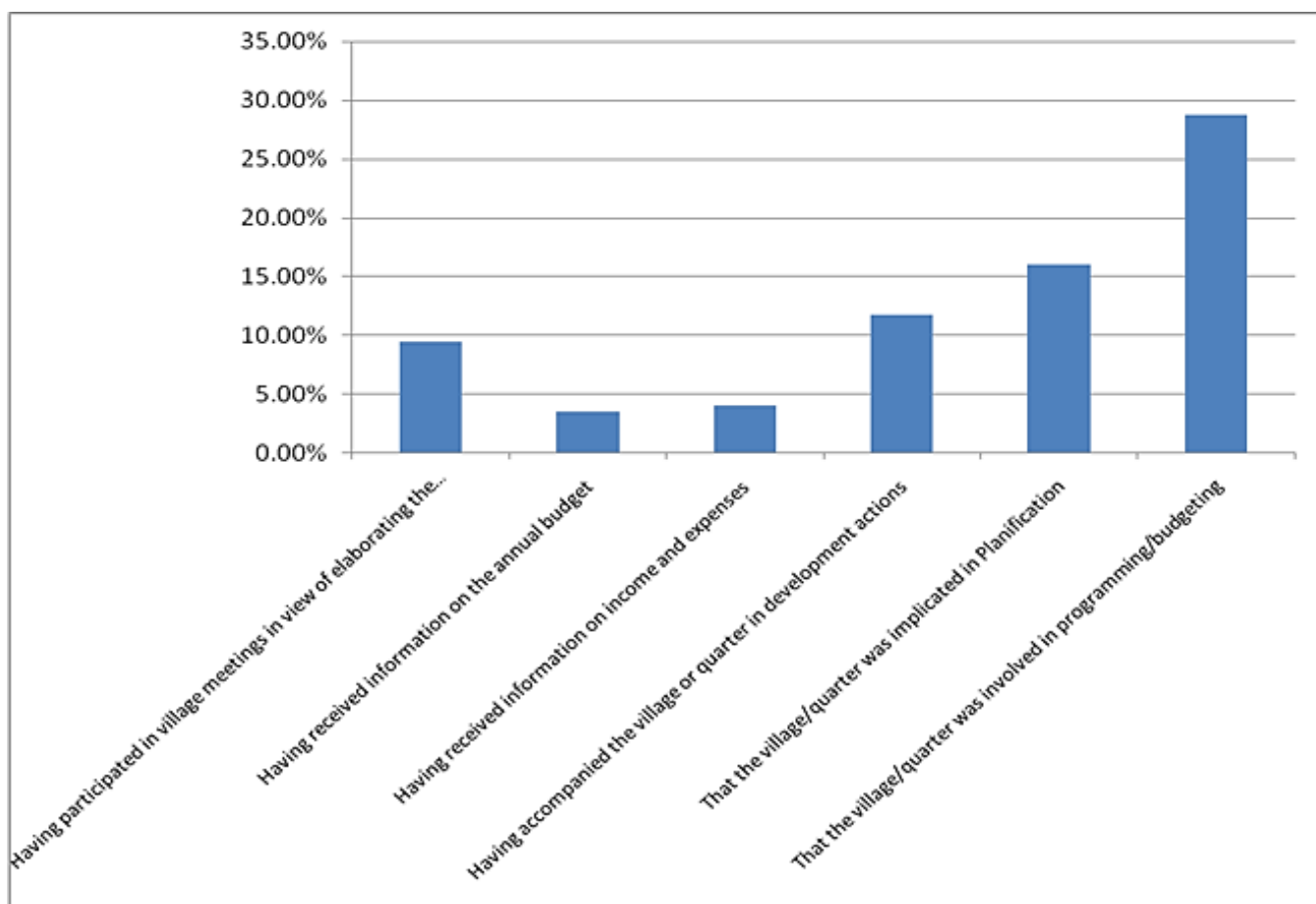
Below is the proportion of households whose members declared:

- Having participated in village meetings in view of elaborating the CDP----- 9.5%
- Having received information on the annual budget-----3.5%
- Having received information on income and expenses-----4.1%
- Having accompanied the village or quarter in development actions-----11.8%
- That the village/quarter was implicated in Planification-----16.0%
- That the village/quarter was involved in programming/budgeting-----28.8. %

Information was not available for all the other council services rendered.

A member of 71.4% of households declared dissatisfaction with the services rendered by the council.

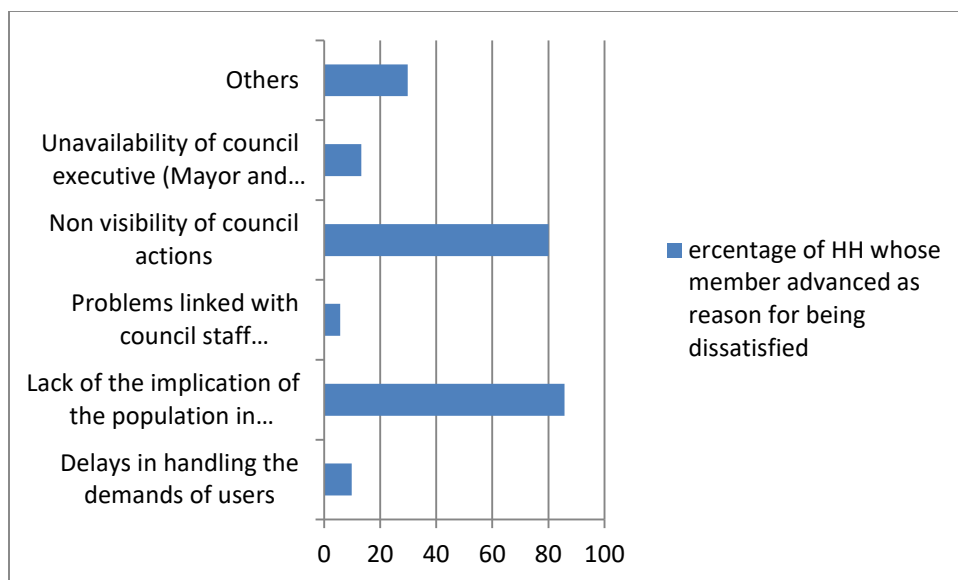




**Chart 23: Percentage of respondent haven been implicated in council actions**

### **3.5.4 Reasons for People's Dissatisfaction**

A member of 71.4% of HH declared dissatisfaction with the services rendered by the council. Amongst those unsatisfied with council services, the highest proportion (85.8%) said it was because of the non-involvement of the population in council management. Next was because of the visibility of council actions (80.1%).

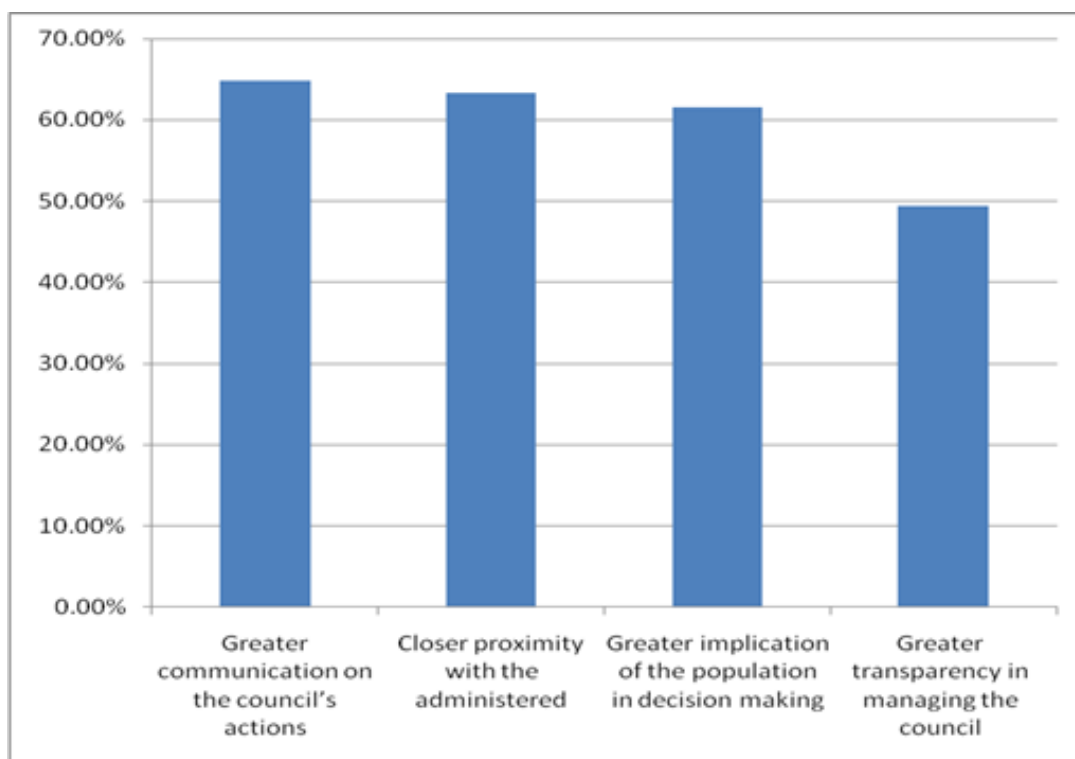


**Chart 24: Reasons for dissatisfaction**

### 3.5.5 Expected Results from Municipal Institutions Services

The expectations of the sampled population in terms of improving on the services rendered to the population by the council in order of importance are as follows:

- Greater communication on the council's actions----- (64.8%)
- Closer proximity with the administered----- (63.3%);
- Greater implication of the population in decision making----- (61.5%)
- Greater transparency in managing the council -----(49.4%)



**Chart 25: percentage of expected results**

### **3.5.6 Synthesis of the Perception of Municipal Institutions Services and Suggested Improvements**

It was found out in the survey that the main service requested by the population of Mamfe from the council is the establishment of birth certificates. This is closely followed up by the certification of official documents, information and the issue of marriage certificates.

The population admitted that the process of issuing birth certificates was good and took a very short period (1 day to week) in most cases. But that delay in the issuing of the certificate is mostly due to corruption.

The participation of the local people in decision making (planning, programming, budgeting, and elaboration of the CDP etc.) was very low and most households declared dissatisfaction in the provision of services relating this to either the actions of the council not visible, the non-implication of the population in decision making or the availability of the mayor and his assistants etc.

To improve on council services, recommendations included; closer proximity of the administration with the administered, transparency, greater communication of council's actions and the implication of the population in decision making at council level.

## **3.6 CONCLUSION AND MAIN RECOMMENDATIONS**

### **3.6.1 Conclusion**

From the survey, several conclusions could be arrived at with respect to the perception of the population on services rendered by the 4 sectors. The magnitude and gravity of the challenges depends on the sector. The actions and services rendered by the council were very invisible and there is need for great improvement. The health, water and education sectors equally have challenges that need to be resolved. This exercise proved to be very useful and there is need to regularly carry it out probably at the end of the mandate of the mayors to enable them or the new ones improve on services rendered.

### **3.6.2 Main Recommendations**

#### **i. HYDRAULIC SECTOR**

- Construction of supplementary sources or water collection points;
- Repairs of water supply systems;
- An improvement in the quality of water supplied;
- Greater implication of the state, CAMWATER, council and the elites in water supply and management systems;
- The cases of damaged water sources should promptly report to the relevant quarters.

#### **ii. HEALTH SECTOR**

- Improvement in the quality of services rendered by health personnel;
- Improvement of the quality and quantity of health equipment;
- Reduction in the cost of consultation fee;
- Provision of more drugs in the health facilities;
- Provision of additional health facilities;

- Provision of more qualified staff.
- Improvement in the management of the health facilities;

### **iii. EDUCATION SECTOR**

- Reduction in the cost of fees paid;
- Ensure the regularity of teachers in class;
- Provision of more qualified staff;
- Improvement in end of year and external course exams;
- More involvement of the government, elites and council in the provision of equipment and material to the schools and management of school property;
- Provision of more classrooms, tables and chairs;

### **iv. COUNCIL SECTOR**

- Greater implication of the population in decision making;
- Increase visibility of council actions;
- Greater transparency and accountability in the management of council projects and budgets;
- Check staff absenteeism, corruption and bad reception of the population;
- Greater availability of the mayor and his assistants;
- Improved communication and sensitization of the population on council action.

## CHAPTER 4:

### PLAN OF ACTION FOR THE ESTABLISHMENT OF THE CITIZEN CONTROL OF PUBLIC ACTIONS IN THE COUNCIL OF MA

#### PROGRAM OF DISSEMINATION OF RESULTS AND PRESENTATION OF THE PLAN OF ACTION

##### 4.1 PROGRAM OF DISSEMINATION OF RESULTS

S/N	Activity	Expected result	Responsible	Partners	Period	
					Start	End
01	Submission of draft report	Draft report available	CSO	PNDP	28/4/2018	30/4/2018
02	Reading workshop	-Inputs from the different sectors received and integrated in report. -Restitution of the results	CSO PNDP	Representatives of all the sectors involved	29/5/2018	01/5/2018
		Submission of final report	CSO	PNDP	02/5/2018	02/5/2018
03	Hold restitution workshop with councils/Presentation of action plan	Recommendations negotiated. Lessons learned and negotiated changes adopted.	CSO	PNDP Some council staff and councillors. Sector representatives	5/6/2018	12/6/2018
04	Dissemination of results	General public is aware of results	PNDP	CSO Council Sector representatives	13/6/2018	12/7/2018

## 4.2 Synthesis of Problems Encountered

Sector	Problems identified	Suggested Solutions	Level of implementation	
			Local <sup>1</sup>	Central
Water	<ul style="list-style-type: none"> <li>- Distance to the water source</li> <li>- Poor water quality</li> <li>- Insufficient water collection points</li> <li>- The management of the water point</li> <li>- Default/slowness in repairing after damage</li> <li>- High cost of water supply</li> </ul>	<ul style="list-style-type: none"> <li>- The provision of supplementary water points;</li> <li>- Improvement in the management of existing water collection points;</li> <li>- Improvement in the quality of water;</li> <li>- Reduction of prices;</li> <li>- Maintenance of broken down water points.</li> </ul>	<p>council</p> <p>council and WMC council</p> <p>lcouncil and WMC</p>	<p>CAMWATER</p> <p>CAMWATER CAMWATER</p>
Health	<ul style="list-style-type: none"> <li>- Poor quality of services provided</li> <li>- High cost of access to healthcare,</li> <li>- Poor management of the HF,</li> <li>- Poor quality or insufficient equipment</li> <li>- insufficient health facilities.</li> <li>- Doctors are not always available in most health facilities</li> <li>- Absence of trained pharmacy attendants in Most of the health facilities.</li> </ul>	<ul style="list-style-type: none"> <li>- The provision of Supplementary Health Facilities;</li> <li>- Improved quality and quantity of equipment;</li> <li>- Provision of medicines;</li> <li>- Transfer of additional staff;</li> <li>- Improve the quality of services provided;</li> <li>- Improve the management of the HF and</li> <li>- Reduction in the cost of access to healthcare.</li> <li>- At least a doctor be found in all the HF</li> </ul>	<p>DMO chief of center</p> <p>DMO chief of center council</p> <p>DMO</p> <p>DMO chief of center</p> <p>DMO chief of center</p> <p>DMO chief of center</p>	<p>MINSANTE</p> <p>MINSANTE</p> <p>MINSANTE</p> <p>MINSANTE</p>

<sup>1</sup> It is those solutions that will allow to make the plan of action.

		And all HF should have a trained pharmacy attendant		
Education	<ul style="list-style-type: none"> <li>- The insufficiency of teachers at the primary level</li> <li>- The high amount paid as PTA for primary education</li> <li>- The damaged state of the structures</li> <li>- The dependency of the repairs of damaged classrooms on the Parents, Teachers Association (PTA)</li> <li>- The irregularity of teachers in classrooms</li> <li>- The minimal role played by the council, elites and sectorial ministries in maintenance of the school structures</li> </ul>	<ul style="list-style-type: none"> <li>- Increase number of classrooms</li> <li>- Reduction in fees/PTA</li> <li>- Increasing personnel</li> <li>- Distribution of books</li> <li>- Regular follow up of teacher's attendance</li> <li>- More implication of the council especially in the repair of classrooms</li> </ul>	<p>School management Board /PTA</p> <p>School management Board/ council</p> <p>School management Board/ council</p> <p>School management Board/ Head teachers</p> <p>Council</p>	MINEDUB, MINESEC
Council	<ul style="list-style-type: none"> <li>- The little involvement of the population in council management</li> <li>- The poor visibility of council actions</li> </ul>	<ul style="list-style-type: none"> <li>- Greater communication on the council's actions</li> <li>- Closer proximity with the administered</li> <li>- Greater implication of the population in decision making</li> <li>- Greater transparency in managing the council</li> </ul>	<p>Council</p> <p>Council</p> <p>Council (mayor and assistants)</p> <p>Council</p>	<p>Chief of service / sector heads</p> <p>Chief of service / sector heads/ councillors</p> <p>Chief of service / sector heads</p>



### 4.3 PRESENTATION OF THE PLAN OF ACTION

Sector	General Objectives	Specific objectives	Actions	Results indicators	Reference value	Target value	Frequency of measurement	Source of verification	Responsibles	Partners	Estimated cost (FCFA)
hydraulic	1.1 To ameliorate water delivery	Specific Objective 1.1.1 Lobby for the acquisition and installation of a stand-by generator to ease constant water supply	Action 1.1.1.1 Purchase a standby generator	The irregularity of water supply is reduced by at least 90% by Dec 2018	40%	90%	Once	Reports and inventory	Council,	CAMWATER	350,000
			Action 1.1.1.2 Install and make operational the generator								
		Specific Objective 1.1.2 Repair and rehabilitate damaged water supply sources	Action 1.1.2.1 Lobby for the repair of all damaged water supply systems	90% functional water supply points by December 2018	70%	90%	Once	Reports, pictures, testimonies	council,	CAMWATER, MINEE	300,000
		Specific Objective 1.1.3 Create Water Management Committee	Action 1.1.3.1 Create and train new members of WMC where inexistent	AT least 30 new members of WMC trained at least 5 new	0	30	Once yearly	Creation report Attendance list. Training report	Council	Elites CSOs	800,000

		(WMC) where inexistent and reinforced where already existing		WMC created							
			Action 1.2.3.2 Reorganise and build the capacities of existing WMC	All existing WMC reorganis ed and at least 30 members gain knowledg e and skills by Dec 2018	0	30	Yearly	Reorganisatio n report, Training report and attendance list.	Council	MINEE	300,000
<b>Sub Total 1</b>											<b>1,750,000</b>
<b>Health</b>	2.1 To improve the healthcar e delivery system in Mamfe	Specific Objective 2.1.1 Lobby for the reduction in consultation fee	Action 2.1.1.1 Elaboration of lobbying strategy	At least 1 lobbying strategy document produced by Dec 2018	0	1	once	Strategy document	Council	MINSANTE	300,000
			Action 2.1.1.2 Lobby for reduction of fee	At least 3 lobbying missions carried out and contact persons met by Dec 2018	0	3	Trice	Mission reports	Council	MINSANTE	600,000

		Specific Objective 2.1.2 Improvement in personnel performance	Action 2.1.2.1 Organise refresher course for nurses and greater supervision of staff	At least 1 course organised and Appreciation of health services by the population increases by at least 25%.	64.3%	89.3%	Once yearly	Report, Attendance list, Staff monitoring book.	DMO MINSANTE,	Council and COC	700,000
		Specific Objective 2.1.3 Provide more drugs and equipment available in the health facilities	Action 2.1.3.1 Purchase and supply drugs and equipment	Drug and equipment supply increases by at least 20% and all most essential drugs available by Dec 2018	60%	90%	Annually	Drug and equipment supply inventory, Reports	DMO	MINSANTE	700,000

		Specific Objectives 2.1.4 Increase number of health personnel	Action 2.1.4.1 Lobby for the recruitment and transfer of medical staff to the health facilities	Medical staff increases by at least 20% by Dec 2018	70%%	90%	One mission	Lobbying document, Mission report	DMO	Council	300,000
<b>Sub Total 2</b>											<b>2,600,000</b>
<b>Education</b>	3.1 To improve access to	Specific Objective 3.1.1	Action 3.1.1.1 Review and update system of	Regularity of teachers in class at	75%	95%	Weekly	Attendance registers	Head teachers,	PTA and council	200,000

	quality basic and secondary school education .	Increase the performance of students in internal and external exams	follow-up of teachers in class and sanctions provided for defaulters	all levels increases by at least 20%							
			Action 3.1.1.2 Recruit and post teachers	At least 20 new teachers recruited and posted by Sept 2018	0	20	Once annually	Employment contracts,	PTA	MINEDUB MINESEC	9,000,000
		Specific Objective 3.1.2 subsidize the cost of fees/PTA	Action 3.1.2.1 Hold PTA meeting and reduce fee	School fees/PTA reduces by at least 20% by Sept 2018	100%	80%	Once	Fees Payment receipts	PTA	MINEDUB, MINESEC COUNCIL,	300,000
		Specific Objective 3.1.3 Create a better learning environment	Action 3.1.3.1 Purchase equipment and material (Desks, tables etc.)	Equipment and material increases by 20% by Sept 2018	60%	80%	Annually	Inventory of equipment and materials	PTA, Council	MINEDUB, MINESEC	6,000,000
			Action 3.1.3.2 Construct more classrooms	At least 6 new classroom constructed by Sept 2018.	0	6	Annually	Pictures, Construction reports, Inventory	PTA	MINEDUB, MINESEC	12,000,000

<b>Sub Total 3</b>											<b>27,500,000</b>
<b>Council</b>	4.1 Improve the developm ent of the municipali ty	Specific Objectives 4.1.1 Revise and update Council communicati on strategy	Action 4.1.1.1 Organise public hearings	At least 70% of the populatio n is aware of council actions	30%	70%	Quarterly	Publications, Reports of meetings,	council	Councillors	300,000
			Action 4.1.1.2 Publication of Council actions in newsletters and broadcast of programmes in community radios.	70% of the populatio n is aware of council actions	30%	70%	Monthly	Copies of newsletters, Burnt CDs with broadcast information	PNDP Council		450,000
		Specific Objective 4.1.2 Improve transparency and accountabilit y in the managemen t of council budgets	Action 4.1.2.1 Train councillors on the follow-up of council investment budgets and projects	At least 25 councillor s acquire knowledg e and skills by Dec 2018	30%	90%	Annually	Attendance lists, Training report	Council	NGOs, Consultants	700,000
		Specific Objective 4.1.3	Action 4.1.3.1 Introduce or follow up the	At least 90% of staff is	40%	90%	Daily	Attendance list, reports	Council	Divisional officers	200,000

		Improve on the provision of services by council staff	use of attendance registers and apply sanctions to defaulters and corrupt staff	very regular and corruption rate drops by at least 90%.							
<b>Sub Total 4</b>											<b>1,650,000</b>
<b>Grand Total (Sub Total 1 + 2 + 3 + 4)</b>											<b>33,500,000</b>

## ANNEXES

### Annex 1: Research Questionnaires

#### *Citizen Report Card*

*Assessment of public services within the Council of .....*

<u>Section I. BACKGROUND INFORMATION</u>			
A0 1	Region		_ _
A0 2	Division		_ _
A0 3	Council		_ _ _
A0 4	Batch number		_ _
A0 5	Counting Zone Sequential number		_ _
A0 6	Residence stratum :	1=Urban      2=Semi-urban      3=Rural	_
A0 7	Name of the locality		



A0	Structure number	_ _ _
8		
A0	Household number in the sample	_ _
8a		
A0	Name of the household head	
9	_____	
A1	Age of the household head (in years)	_ _
0		
A1	Sex of the household head : 1=Male 2=Female	_
1		
	Name of the respondent	
A1		
2	_____	
	_____	
A1	Relationships between the respondent and the household's head (see codes)	_
3		
A1	Sex of the respondent: 1=Male 2=Female	_
4		
A1	Age of the respondent (on a bygone-year basis)	_ _
5		
A1	Phone number of the respondent	_ _ _ _ _ _ _
6		_ _ _

A1	Date of beginning of the survey	-
7		_ _ / _ _ / _  _ _ _
A1	Date of end of the survey	_ _ / _ _ / _  _ _ _
8		
A1	Name of the enumerator	_ _
9	_____	
A2	Name of the council's supervisor	_ _
0	_____	
A2	Data collection result	_
1	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)	
A2	Assessment of the quality of the survey	_
2	1= Very good	2=Good
	3=Averag e	4=Poor
		5=Very poor

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

**CODES**

**Q13**

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<u><b>Section II. POTABLE WATER</b></u>			
<b>H01</b>	Which public water supply systems exist in your village/quarter? (Circle the corresponding letter(s))  Is there any other system?	1=Yes      2=No	
		A. Well equipped with a pump	<input type="checkbox"/>
		B. Open pit well	<input type="checkbox"/>
		C. Protected well	<input type="checkbox"/>
		D. Boreholes equipped with a manually operated pump	<input type="checkbox"/>
		E. Spring/ river	<input type="checkbox"/>
		F. Access to potable water (pipe borne water)	<input type="checkbox"/>

Section II. POTABLE WATER

<i>H01a</i>	Is your main water supply source run by a public or a private entity? 1=Public 2=Private — If 2 H14	_
<i>H02</i>	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	_
<i>H03</i>	What is the quality of the said water? 1=Good    2=Poor    3=Indifferent	_
<i>H04</i>	Does this water have an odour? 1=Yes    2=No    8=NSP	_
<i>H05</i>	Does this water have a taste? 1=Yes    2=No    8=NSP	_
<i>H06</i>	Does this water have a colour? 1=Yes    2=No    8=NSP	_
<i>H07</i>	Do you pay something to get this water? 1=Yes    2=No    If no H08	_
<i>H07a</i>	If yes, how much do you spend on average per month? (give an amount in FCFA)	_ _ _  _ _ _
<i>H07b</i>	How do you appraise the said amount?	_

Section II. POTABLE WATER

	1=High 2=Affordable 3=Insignificant	
H08	Is this water available throughout the year? 1=Yes 2=No	__
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	__
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.	__
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	__
H10b	Who repair it?  Who else?  A=Mayor (Council) B=State C=An elite D=The Water Management Committee E=the village/quarter head	__   __   __   __   __

Section II. POTABLE WATER

		F=CAMWATER/SNEC/CDE	<input type="checkbox"/>
		G=Other partners/stakeholders : _____	<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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<u><i>Section II. POTABLE WATER</i></u>			
		X. Other stakeholders : _____	__
H16	Has your need been met? 1=Yes    2=No → If no		H18  __
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		__
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  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).	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	__   __   __   __

Section II. POTABLE WATER

	Any other reason?	<p>E. Failure/delay to repair in case of breakdown <input type="checkbox"/></p> <p>F. High cost of water supply <input type="checkbox"/></p> <p>X. Any other reasons to be specified : <input type="checkbox"/></p> <p>_____</p>	
H20	<p>What are your expectations in terms of supply of potable water? (Several answers are possible).</p> <p>Any other expectation?</p>	<p>1=Yes    2=No</p> <p>A. Additional water points ; <input type="checkbox"/></p> <p>B. Improvement in terms of management of the existing water points; <input type="checkbox"/></p> <p>C. Repair works should be carried out on the damaged water points ; <input type="checkbox"/></p> <p>D. Improvement of the quality of the existing water points ; <input type="checkbox"/></p> <p>E. Reduction of price ; <input type="checkbox"/></p> <p>X. Other expectations to be specified : <input type="checkbox"/></p> <p>_____</p> <p>_____</p>	



<u>Section III. HEALTH</u>		
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="text"/>
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="text"/>
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="text"/>
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="text"/>
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="text"/>

<u>Section III. HEALTH</u>		
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="text"/>
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="text"/>
S08	Is your health care unit (CMA or Hospital) provided with hospitalization rooms? 1=Yes 2=No If no → S10.	<input type="text"/>
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="text"/>
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="text"/>
S11	How do you appraise the said amount? 1=High 2=Affordable 3=Insignificant	<input type="text"/>
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="text"/>

<u>Section III. HEALTH</u>		
S13	<p>If yes, did the person do it willingly or was he/she obliged by the medical staff to do so?</p> <p>1=Personal initiative      2=Obliged by the medical staff to do so</p>	<input type="text"/>
S14	<p>How did the household member appraise the welcome attitude of the medical staff of the said health care unit?</p> <p>1=Caring      2=Fair      3=Poor</p>	<input type="text"/>
S15	<p>Is this health care unit provided with a pharmacy/pro-pharmacy? → 1=Yes 2=No If no S17</p>	<input type="text"/>
S16	<p>Are drugs always available? 1=Yes      2=No      8=Do not know</p>	<input type="text"/>
S17	<p>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</p>	<input type="text"/>
S18	<p>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)</p> <p>1=Satisfied      2=Indifferent      3=Not satisfied      — If S18=1 or 2 S20</p>	<input type="text"/>
S19	<p>State the reasons of your non-satisfaction with regard to health services provided within the health care unit you attend?</p>	<p>1=Yes      2=No</p> <p>A. Far distance to access the health care units <input type="text"/></p> <p>B. Poor quality of services provided <input type="text"/></p> <p>C. Insufficiency of existing health care units <input type="text"/></p> <p>D. Defaults related to the health care unit staff <input type="text"/></p>

<u>Section III. HEALTH</u>			
	<p>(several answers are possible)</p> <p>Any other reason?</p>	<p>E. Poor management of the health care unit</p> <p>F. Insufficiency of drugs</p> <p>G. Poor quality of/Insufficiency of equipments</p> <p>H. High cost with regard to health care access</p> <p>X. To be specified) :</p> <p>_____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
S20	<p>What are your expectations with respect to health care services?</p> <p>Any other espectations?</p>	<p>1=Yes      2=No</p> <p>A. Additional health care units</p> <p>B. Supply of drugs</p> <p>C. Transfer of a staff member</p> <p>D. Equipped health care units</p> <p>X. Other to be specified _____</p> <p>_____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

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"/>

<i>E05</i>	<p>Is the school (name of the cycle) attended by children from your household provided with a complete cycle?</p> <p>1=Yes            2=No</p>		<p> _ </p>	<p>1st cycle</p> <p> _ </p>	<p>2<sup>nd</sup> cycle</p> <p> _ </p>	
<i>E06</i>	<p>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</p> <p>3=Does not know</p>					<p> _ </p>
<i>E07</i>	<p>Is the school (name of the cycle) attended by children from your household provided with a class-room per class level?</p> <p>1=Yes   2=No</p>	<p> _ </p>	<p> _ </p>	<p> _ </p>	<p> _ </p>	
<i>E08</i>	<p>Are all the children seated on a bench in the school (name of the cycle) attended by children from your household?</p> <p>1=Yes            2=No</p>	<p> _ </p>	<p> _ </p>	<p> _ </p>		<p> _ </p>
<i>E09</i>	<p>Are school textbooks distributed to pupils in the school (name of the</p>	<p> _ </p>	<p> _ </p>			

	<p>cycle) attended by children from your household?</p> <p>1=Yes                      2=No</p>				
<i>E10</i>	<p>How many student does a classroom attended by children from your household contain (name of the cycle)?</p> <p>1=Less than 30                      3=Over 60</p> <p>2=Between 30 and 60                      4=Does not know</p>	<p>_ _ _ </p>	<p>_ _ _ </p>	<p>_ _ _ </p>	<p>_ _ _ </p>
<i>E11</i>	<p>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?</p> <p>1=Regular              2=Averagely regular</p> <p>3=Irregular</p>	<p>_ _ </p>	<p>_ _ </p>	<p>_ _ </p>	<p>_ _ </p>
<i>E12</i>	<p>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?</p>	<p>-----</p> <p>---</p> <p>(estimate d in FCFA)</p>	<p>-----</p> <p>---</p> <p>(estimated in FCFA)</p>	<p>-----</p> <p>(estimated in FCFA)</p>	<p>-----</p> <p>--</p> <p>(estimated in n FCFA)</p>





	<p>C. A village organisation</p> <p>D.</p> <p>MINEDUB/MINESEC/MINEFOP</p> <p>E. Elites</p> <p>X. Other partners/stakeholders (to be specified) _____</p> <p>Any other?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>E17</i>	<p>In general, what is your level of satisfaction with regard to education services provided in the <del>(name of the</del> <u>name</u> of the cycle) your village? (Only a single answer is possible) 1=Satisfied 2=Indifferent 3=Not satisfied. If 1 or 2 E19.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>E18</i>	<p>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)</p> <p>Any other reason? 1=Yes 2=No</p> <p>A. Far distance to access the education service</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	B. Insufficiency of class-rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Insufficiency of equipments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Insufficiency of schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Insufficiency of teaching Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F. No distribution of text books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G. Poor results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	H. High tuition fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	X. Any other reason to be specified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E19	<p>Do you have any expectations in terms of provision of education services in the (name of the cycle)?</p> <p>(Several answers are possible)</p> <p>Any other expectation? 1=yes 2=No</p>				

	A. Have a school located nearer to the village/quarter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Build more class-rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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

<p>Council Services</p> <p>↓</p>	<p><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</p>	<p><i>C02</i> How were you received during your last time at the council? (Choose only one answer) 1=Well 2=Indifferent 3=Bad</p>	<p><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 <i>If C03=1 2, 3, 4 or 5</i></p>	<p><i>C03a</i> Since when did you ask for this service ? (in day)</p>	<p><i>C04</i> How do you assess this waiting time?  1=Reasonable 2=Long 3=Very long  <i>If C04=1</i></p>	<p><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</p>	<p><i>C06</i> Did you have to pay a tip in order to obtain the said service</p>

	following → service		→ C04		→ C06	be specified) _____ —	vic e?  1= Ye s 2= No
Issuance of birth certificates	_	_	_	_ _	_	_	_ 
Certification of official copies of documents	_	_	_	_ _	_	_	_ 
Building permit	_	_	_	_ _	_	_	_ 
Death certificate	_	_	_	_ _	_	_	_ 
Marriage certificate	_	_	_	_ _	_	_	_ 
Certificate of residence	_	_	_	_ _	_	_	_ 

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"/>
C07	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"/>
C08	Is any member of your household informed about the amount of the annual budget of your council? 1=Yes 2=No						<input type="checkbox"/>
C09	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"/>
C10	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"/>
C11	Does the council involve your village/quarter when planning development actions? 1=Yes 2=No 8=Does not know						<input type="checkbox"/>
C12	Does the council involve your village/quarter when programming and budgeting development actions? 1=Yes 2=No 8=Does not know						<input type="checkbox"/>

C13	Broadly speaking, what is your level of satisfaction as concerns <u>services</u> provided by the council? (choose only a single answer) 1=Satisfied <span style="margin-left: 100px;">2=Indifferent</span> 3=Not satisfied      If 1 or 2                      C15		 
C14	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...)  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) _____	                 
C15	What do you expect from the council team? (Several answers are possible).	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	     

	Any other expectation?	<p>C. More transparency as far as management is concerned</p> <p>D. Closeness of the Council to the populations</p> <p>X. Any other expectation (to be specified):</p> <p>_____</p>	<p> __</p> <p> </p> <p> __</p> <p> </p> <p> __</p> <p> </p>
--	------------------------	---	---