

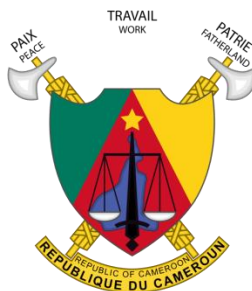
**REPUBLIQUE DU
CAMEROUN**

Paix – Travail – Patrie

REGION DE SUD OUEST

DEPARTEMENT DU
LEBIALEM

COMMUNE DE MENJI



**REPUBLIC OF
CAMEROON**

Peace – Work – Fatherland

SOUTH WEST REGION

LEBIALEM DIVISION

MENJI COUNCIL

SURVEY REPORT

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



MAY 2018

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

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LIST OF ACRONYMS

AJESH	Ajemalebu Self Help
CAMWATER	Cameroon Water Corporation
CCPA	Citizen's Control of Public Actions
CDO	Council Development Officer
CDP	Communal Development Plan
CRC	Citizen's Report Card
CSO	Civil Society Organization
CSP	Council Support Programme
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
NTFP	Non Timber Forest Products
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 government of Cameroon adopted a new constitution transforming it into a unitary decentralized state with Regional and Local Councils in 1996. These decentralized councils, promote the economic, social, health, educational, cultural and sports development of their populations. In order to enhance the decentralization process and precisely on the 22nd of July 2004, the government of Cameroon enacted law defining the powers devolved to councils for their socio-economic development. Since 2010, the government started transferring competences to the Local Councils in an increasing number of sectors.

In 2017, the Menji council with financial and technical support from the National Community-driven Development Programme (PNDP) decided to carry out a laudable initiative Known as the "Scorecard" or Citizen's Control of Public Actions in the hydraulic, Health and Education sectors and also in the provision of services by the council itself.

The services of a Local Support Organisation, Ajemalebu Self Help (AJESH) were hired to carry out the survey and do the reporting while the National Institute of Statistics (NIS) outlined the sampling methodology and did the data analysis.

The survey that took place amidst a very unfriendly socio-political environment prevailing in the municipality at that moment was, however, very successful.

The results obtained are very useful and will be exploited by the council and other sectors involved to improve on services rendered to the public and equally strongly believe that the objective of promoting good governance and local development were highly met and are confident that equipped with the results obtained, the Menji council will be able to ensure that the communities benefit more from the services of the sectors evaluated.

It is our wish to replicate the scorecard to reach other decentralised sectors that were not privileged this time and to even carry out this exercise frequently.

We thank PNDP, NIS, AJESH and other stakeholders for their support in making this project come to fruition and wish everyone happy reading.

The Mayor,



Menji Council

Chief Barrister Atabon
Wung Martin Forndong
Lord Mayor/N A E
MENJI COUNCIL

EXECUTIVE SUMMARY

The Citizen's Control of Public Actions (CCPA) also known as the Scorecard or Citizen's Report Card (CRC) aims at capturing the perception of local people on the services rendered by some 4 public institutions in the sectors of hydraulics, health, education (basic and secondary) and the services of the council itself in the Menji municipality of the South West Region.

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.

AJESH (Ajemalebu Self Help), a civil society organization with head office in Kumba was given the mandate by the National Community – Driven Development Programme (PNDP) to carry out the assignment in the Menji council.

Activities of the project include; organization and launching in the council area which took place on the 4th of October 2017, contribution to the sensitization of stakeholders, selection and training of data collectors and putting at their disposal data collection tools, collecting data at household level using questionnaires, preparing and analyzing the data collected, producing a draft report, negotiation of changes during restitution meetings and finalization of the report.

Data collection in Menji took place from the 21st to the 30th of October 2017.

The data was analyzed and tables produced for reporting by the National Institute of Statistics (NIS). Major challenges included:

- Some data collectors trekked long distances and even took 2 days to arrive the villages where they had to work and it was difficult to locate some of the households for lack of technical information and in some cases, when the information was available, it was faulty.
- Due to the socio-political situation prevailing in the anglophone regions, some households were reluctant to give information especially in the education sector and data collectors had to use a lot of tact to collect the data.

Results show that most respondents were men and fell in the 35-39 years' age bracket (Youths).

It is observed that in the **water sector**:

- Most of the sampled population depends on streams/springs as their principal source of water and only a low percentage depends on a public water supply system.
- However, a high proportion of the sampled population confirmed that the water quality is good.

In the **Health sector**:

- Respondents also confirmed that the services provided are good with a majority of respondents declaring that most of the health problems are solved in the village.
- The few that were dissatisfied consider bad quality and insufficient equipment as the most limiting factor.

In the **education sector**:

- A very high proportion of respondents declared that their village/quarter has a school (Nursery, primary or secondary) and that they trek relatively short distances to arrive school.
- No professional training facilities were observed and though a majority of the sampled households maintained that the school fee is high, they were generally satisfied with the services rendered by the education sector.

At the level of the **council**,

- Information was not available for most activities and the highest proportion of households that requested for services from the council was for the establishment of birth certificates.
- Corruption, absenteeism and lack of material were some of the principal vices retarding the quality of services rendered and a high proportion of the population declared dissatisfaction with council services.

Conclusion and main recommendation: The Citizen's Control of Public Actions is a laudable venture that can be used to improve on public services rendered to the public. We recommend that it be carried out on a regular basis, probably after every 5 years.

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 Program, 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 delivery, 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 was 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 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 constituted a must as one of its indicators was 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 (2 were later dropped for insufficient technical information) 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 delivery within the council environment, especially in the hydraulic, health and education sectors. The said survey equally dwelled on services delivered by the council.

Of the 158 councils selected for the project at the national level, 12 are 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 has 5 councils namely Mamfe, Bangem, Nguti, Alou and Menji.

This is a final report of the work done in the Menji Council area and includes; an executive summary, an introduction, the regulatory and legislative framework for decentralization in Cameroon, a methodology for the work, presentation of results, recommendations, a plan of action and plan for the dissemination of results.

CHAPTER 1:

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

1.1 LEGISLATIVE AND REGULATORY FRAMEWORK FOR DECENTRALIZATION

Decentralization is a method of organization 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. It is a means of developing democracy and specifically local democracy, closer to the citizens. Decentralization comes with an institutionalization of administrative and financial control. Cameroon experienced different forms of decentralization before the 1990s.

Decentralization 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 ... decentralized local authorities shall be legal entities recognized 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 decentralization fund is created (article 23(1), Orientation Law). For the steering and evaluation of the decentralization process there is a national decentralization 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 decentralization 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 organizations 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 decentralization 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 decentralized 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 is 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 31st 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.

According to Cheka, 2007 in his publication titled "Processes of decentralization in Cameroon, 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 promote further the process of decentralisation in Cameroon, the president of the republic on the 2nd 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, which is now up and running in Cameroon, 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 Menji 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 Education

In the Menji CDP, it was envisaged that:

- By the year 2011, the performance of pupils at official end of primary course examinations is above 80%. It was envisaged that by the year 2012, all primary schools have at least one trained teacher per class, and each school has at least one standard latrine.
- By the year 2015, 100% of children above 5 years attend and complete primary education, at least one portable water source is available for pupils in each school, 80% of all schools are equipped and have sufficiently trained personnel and 90% of teachers posted to the schools are regular at work.

1.2.2 Health

It was envisaged that:

- By the end of the CDP period, at least 75% of the Menji population would have access to basic health services in their communities.
- By the end of 2015, all health institutions would have trained staff and there are at least 4 medical doctors serving in the district hospital, 80% of public health institutions have main services, Menji and Essoh Attah health centres upgraded into CMAs, number of patients travelling out of Menji for specialist treatment reduces by 50% and long distance travel to seek medical attention is reduced by 50%.
- By the end of 2020, the Menji district hospital would have been upgraded to a general hospital.

1.2.3 Hydraulic

The CDP of Menji envisaged that

- By 2013, 07 water schemes are rehabilitated and functional. It was equally envisaged that by 2015, 80% of villages would have had a functional water supply system; the incidence

of water borne diseases reduces by at least 90%; potable water is 5 minutes' walk from every household and 7 catchments rehabilitated and protected.

1.2.4 Council Services

It was envisaged in the CDP of Menji that:

- By the year 2012, the council can mobilize resources to cover 85% of its budget; 75% of its action plans are achieved; 80% of its staff are satisfied with the services rendered by the council executive; at least 28 councilors regularly attend council meetings and delays in obtaining information from the council are reduced by at least 50%.
- The council realizes 85% of its annual plan and at least 80% of the public is satisfied with the performance of the council beginning 2015.

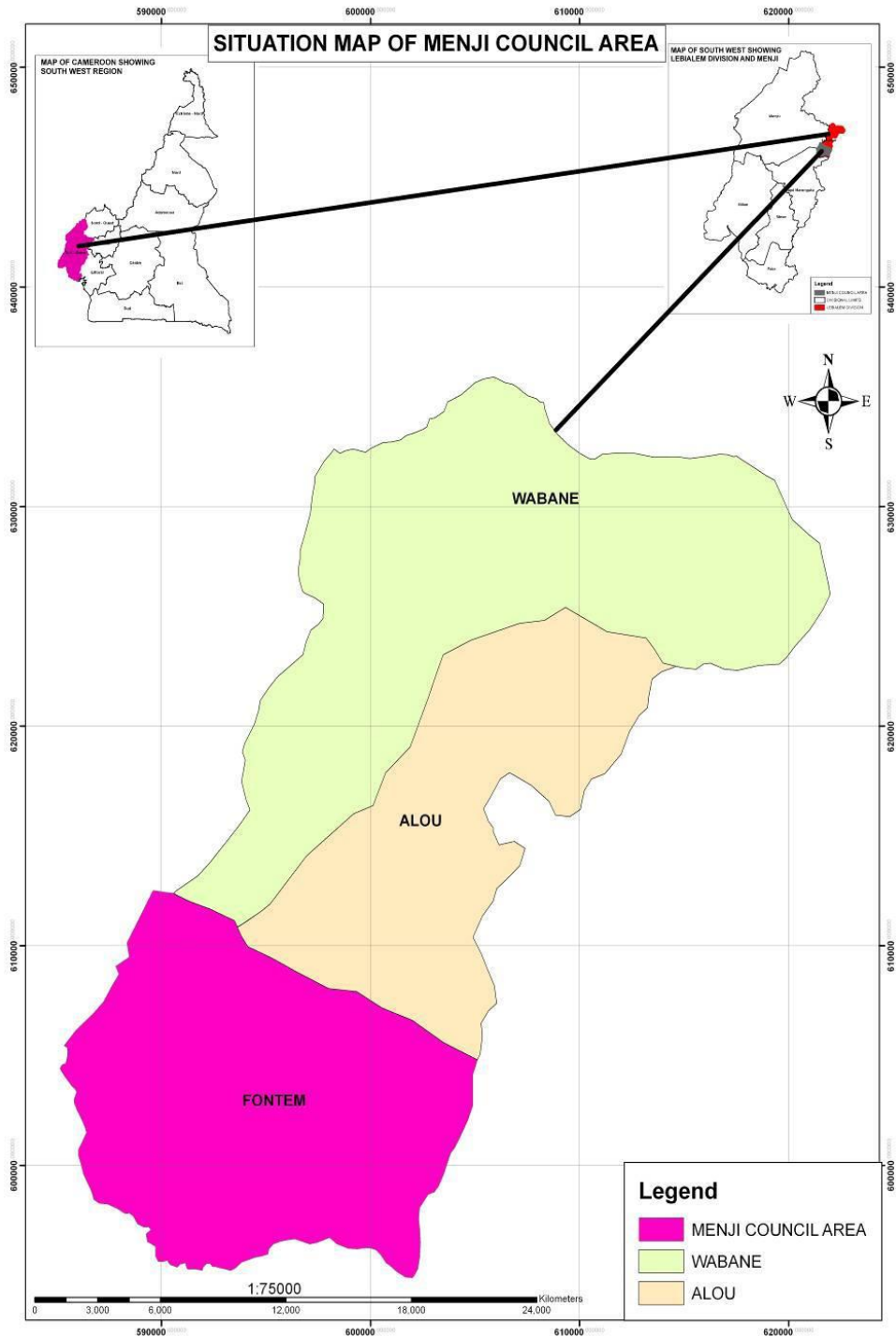
1.3 BRIEF PRESENTATION OF THE COUNCIL OF MENJI

1.3.1 Location of the Council

Menji Council was created out of the former Nweh Mundani Council by Decree No 95/082 of 24th April 1995. Menji is 42 km from Dschang, 45 km from Bakebe which is found along the Kumba-Mamfe road and 256 km from Buea (capital of the South West Region) through Kumba and Bakebe. From Yaounde to Menji through Dschang, is a distance of 420 km.

Menji council area is bounded to the South West by Tinto municipality in Manyu Division, to the East by the Fongo-Tongo municipality in the West Region and to the South by Nguti municipality in Kupe Muanenguba Division. Wabane municipality bounds Menji to the North-West, Alou municipality, to the North. It has a total surface area of 106 km

The council area is found in the southern parts of the Division and has montane forest land. Menji, the capital is some 900m above sea level.



Map 1: Location map of Menji

1.3.2 Historical and administrative organisation of the council

Menji Council was created out of the former Nweh Mundani Council by Decree No 95/082 of 24th April 1995. All evidence points to the fact that the Bangwa as we now know them are not an

ancient people, whose origins are lost in the dim past. Even paramount chiefs, who have the longest pedigrees, only trace their dynasties back seven or eight generations; and from the material evidence of their ancestors' skulls and the strict rule of father-to-son succession it may be surmised that the Bangwa have inhabited the mountain regions for less than two hundred years. Legend tells of the founding of the chiefdoms; both Bangwa and Bamileke accounts have many common elements.

Briefly it tells of a hunter who came from the Mbo or Banyang forests with his following (his family and the classic nine servants) where he met the Beketshe, a loosely-grouped hunting and gathering people who lived a naked, nomadic existence in the wooded mountains without the advantages of huts or agriculture. The forest hunter, with his guns and through guile, deprived these people of their proprietary rights to the land. These Beketshe, from whom some contemporary Bangwa still claim descent, are described in innumerable stories as brainless, fickle and incredibly gullible, and are a constant source of amusement to sophisticated Bangwa. A common myth tells how he hoarded leopard skins, ivory tusks, lengths of stencilled blue and white cloth; the possession of these symbols of royalty ranked him immediately and indisputably as chief.

The main ethnic group in this municipality is the Nweh people who are distributed in the three Fondoms of Lebang, Essoh-Attah and Njoagwi. Some of these people are intermarried with neighbours such as the Bamilekes, the Mbos, the Bayangs, the Mundanis of the Wabane Council Area, the indigenes of the Alou Council Area (Lower and Upper Nwehs) and a few from the Northwest Region.

There are also an increasing number of non natives who are civil servants, businessmen and various international volunteers working for the Italian Catholic Movement, the Focolare Movement based at Nveh in Menji.

1.3.3 Economic aspects of the Council

The economic activities of the people of the municipality are mainly farming, small scale livestock production and hunting. Historically, communities have lived and depended on farming, hunting and gathering in the forests for their subsistence and livelihoods. These activities have been in fact the only source of their socio-economic mainstay although yields are low. This is due to poor soils, diseases and an ageing population. There are no processing facilities and little external investment. There are therefore few opportunities for employment. Combined with the collapse of Robusta coffee prices since the mid-80s, the conditions have become so difficult because rate of rural

exodus. A small quantity of livestock production is also carried out in the municipality; where cattle, goats, sheep, pigs and fowls are produced on a very small scale.

1.3.4 Description of the biophysical environment

1.3.4.1 Climate

The climate in this area is of a typical Cameroonian-Montane type, made up of two seasons - the wet season lasting about seven (7) months and the dry season which is shorter. The wet season is from the month of March to October and sometimes to November while the dry season is from October to March.

1.3.4.2- Soils

The soils are made up of shallow ferruginous materials derived from ancient basalt especially in the areas of Ndungweh and Quibekwu. There exist some patches of laterite in the down south of the council area. In the northern part of the council area is ferrallitic soil derived from granite. These soils are enriched by a high rate of humus formation following the high rate of leaf fall and decay. However, taking into consideration that the amount rainfall is high in the area, the soil is heavily leached and the rate of erosion is consequently high especially in the upper and middle Essoh-Attah and towards Njoagwi.

1.3.4.3 Relief

The landscape of the Council Area is uneven and difficult to inhabit. It has awe-inspiring mountainous scenery with its accompanying steep sometimes perilous roads and paths crossed by rushing streams. The main diction used in describing the area are hills and valleys.

1.3.4.4 Hydrology

There are many rivers and streams that run down the hilly topography of the Council Area. Even though some of these streams are drying off as a result of intensive anthropogenic activities

on their catchments and watersheds, the rivers Bechou, Bejie, Efrue, Ntsembue, Betenten, Betsue, Mbi, Mbra, Mbelele Agonanyi, Geleh, Bejeuh and Ntse-chah along with other upland streams are found in this municipality. Most of them have lost their vitality and volumes.

1.3.4.5 Flora and Vegetation

The council area has an abundant forest flora, ecosystem and biological interventions. The flora found in this council area is quite rare. Mbin-mak, Mbin-bellua, Mbin-andu and Mbin-essoh are the three forest blocks found in the Menji Council Area. Ethno-botanical data collected shows that many plant species are used for traditional medicines in the area. That may be the reason why there is a plethora of traditional doctors found in the municipality.

The Council Area is remarkable that natural ecological system of None Timber Forest Products (NTFP) is sustainably managed with agro-ecological system characterised with crops like cocoa, coffee, palm trees, kola nuts *njansang*, *eru*, cashew, *monkey kola*, *bitter kola*, etc.

Common species of trees in the area include: palm trees (*elaies guineensis*), *iroko* (*chlorophora excelsa*), silk cotton tree (*cerbera pentandra*), ebony (*piptadenia daniellii* spp), Indian bamboo (*bambusa multiplex* var *alphonse*) and a series of climbers among which are wild rubber.

Anthropogenic activities such as agriculture expansion, hunting, deforestation and degradation so as to meet up with their subsistence demands and profit maximization are mounting pressure on these flora resources that has resulted in the degradation of the forest blocks which are rich in biodiversity and indispensable for carbon sequestration.

1.3.4.6 Fauna

The Menji Council Area is also very rich in fauna biodiversity. From research conducted by the Environment and rural Development Foundation (ERuDeF), a non-governmental organisation based in the area, the council area is very rich in the fauna and especially wildlife. Some of the world's rarest species of primates are found there such as gorillas, chimpanzees, baboons, monkeys, etc. Other fauna found in the area are elephants, deer, antelopes, birds, leopards, porcupines, grass-cutter, giant rats, etc.

1.3.4.7 Population

The population for the 60 planning units used for the participatory diagnosis was estimated at 27875, 51% of who are female and 49% male. With a total surface area of 106 km², the

population density is evaluated to be approximately 263 persons/km², far above the national average. This indicates an increasing pressure on the environment and its resources.

1.3.4.8 Ethnic Groups and inter-ethnic relations

The main ethnic group in this municipality is the Nweh people who are distributed in the three Fondoms of Lebang, Essoh-Attah and Njoagwi. Some of these people are intermarried with neighbours such as the Bamilekes, the Mbos, the Bayangs, the Mundanis of the Wabane Council Area, the indigenes of the Alou Council Area (Lower and Upper Nwehs) and a few from the Northwest Region.

CHAPTER 2:

METHODOLOGICAL SYNTHESIS OF THE SURVEY ON CITIZEN CONTROL OF PUBLIC ACTIONS IN THE COUNCIL OF MENJI

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 Organizations (CSOs) specialised in the area.

Of the 158 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 CCPA

2.2.1 Global Objective

The global objective of the scorecard is to carry out a citizen's control of public actions in Menji council of zone 19 in the South West Region of Cameroon.

2.2.3 Methodology of the CCPA

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 30th of August 2017. This was closely followed up by the organisation and training of the council supervisors which lasted 2 days in Kumba. After this training, the council supervisors went back and together with the council, sent out a call for application to select data collectors. 15 persons were selected to be trained as data collectors for Menji. Thereafter, was the organisation and launching of the scorecard project in Menji. The launching, also considered as a sensitization meeting for stakeholders took place in Menji on 4th of October 2017 in the conference hall of the women's empowerment centre. Participants included a representative of chiefs, councillors, businessmen, households, concerned sectors, DMO, UCCC, the CDO, the DO, and the mayor.

2.3 METHODOLOGY FOR DRAWING OF SAMPLES AND COLLECTION OF DATA

2.3.1 Samples

i) Field of the survey and targeted population

The selection of structures and household for the survey was done by the National Institute of Statistics. Within the framework of this survey, the observation units put in place to assess the council achievements in the targeted sectors are made up of households. Within this context, a household 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). A computerized random sampling was done 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 seize

20 villages were initially sampled for the data collection exercise and 16 households sampled for questionnaires to be administered in each of the villages. This gives a total sample size of 320 households and 320 questionnaires to be administered. Unfortunately, the technical document for one of the villages was not provided until the end of the exercise and so data collection could not be done for that locality. Equally, instead of providing information for 16 households in each of the 19 villages left, information was provided only for 15 households in one village. Consequently, the total sample size of Menji dropped from 320 to 303. See table below.

Table 1. Location of samples and sample size.

S/N	Locality	EA number	No of Households sampled	No of Households with technical information
1	Ntesah	001	16	16
2	Nchonkah	002	16	00
3	Menji	003	16	16
4	Nchenfem	004	16	16
5	Fossung	700	16	16
6	No technical document	702	16	00
7	Fonji Down	703	16	16
8	Essoh Attah	704	16	16
9	Njentse Essoh Attah	706	16	16
10	Njentse Lebang	707	16	16
11	Letia	708	16	16
12	Mveh	709	16	16
13	Njenacha	711	16	16
14	Lebang/Azi	712	16	16
15	Njah	713	16	16
16	Fobella Nganganga	714	16	16
17	Fonge	715	16	16
18	Ndencop	716	16	16
19	Mbindia/Koti	717	16	16
20	Mbindia	718	16	15
Total			320	303

2.3.2 Data Collection

i) Collection tools

Initially it was programmed that the main data collection tool would 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 11th to the 12th 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. Recruitment criteria included at least a pass in Advanced level GCE examination, have a good knowledge of the area and should have been involved in a similar exercise. The enumerators in Menji had at least a first degree. Those of Menji were sensitized on the project and trained on data collection for 3 days as from the 16th to the 18th of October 2017.

iii) Data collection

The data collection started in Menji on the 21st of October 2017 and ended on the 30th of October 2017. Of the trained 15 data collectors, 10 were retained for field data collection and 5 kept on the waiting list in case some failed to show up at the last minute. Data collection was programmed for 10 collectors that had 6 days each for the collection and an average of 6 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.

iv) Exploitation of data

All the questionnaires administered were sent 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 NIS where it was analyzed 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 indicators for measuring the perception of the population with respect to their satisfaction with services rendered in the 4 sectors namely hydraulic, health, education and council services were arrived at by both PNDP and the National Institute of Statistics. 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 surveyed population was classified into 3 groups in the Menji council area namely by age, sex and if it was the household head or not. Survey results showed that the highest aged range that responded to the questionnaires was between the ages of 35 and 39 years with a percentage of 12.7. However, 36.7% of respondents fell between the age range of 35 – 49 years old. 13.2% of respondents did not specify their ages. Most respondents were men with a percentage of 58.2 as opposed to women with 41.2%. On the other hand, of the respondents that were household heads themselves, 68.6% were men while 25.7% women. A very high percentage (40.7%) of household heads did not specify their age. Many household heads that responded were relatively still very young (40.5%) with ages ranging from 25 – 54 years. The highest percentage of respondents in an age range of 5 years fell within the age of 65 years and above.

3.2 THE HYDRAULIC/ WATER SECTOR

3.2.1 Availability and utilization of hydraulic services

From the study, it was observed that 74% of water available for utilization in the Menji council area was from rivers or springs. 24% of the population depended on boreholes with a pump while another 6.5% depended on wells with a pump. No cases of open or protected wells were observed. Only 20.9% of the population depended on portable water supply.

On the other hand, on classifying households according to their principal sources of water supply, it was observed that 83.2% of households use portable water. Of this population, a high percentage of the water (36%) is from rivers while 34% is from a public water supply system. Another 20% of household water is from public boreholes with manual pumps and the rest either open or protected wells or public wells with a pump.

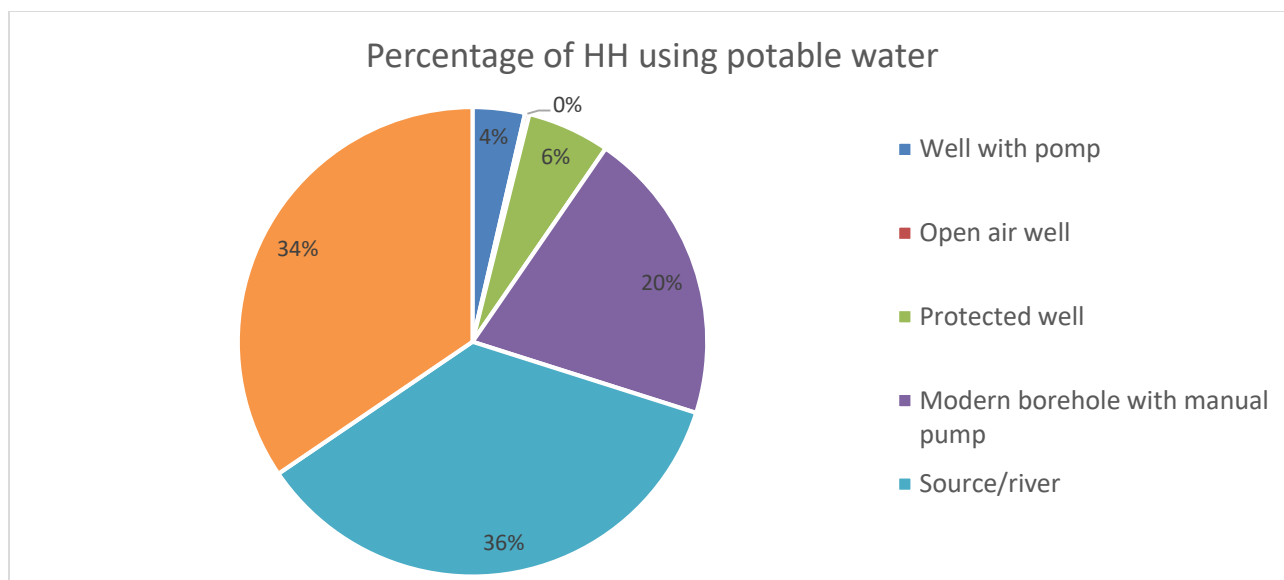


Chart 1. Proportion of households having as principal sources of water supply what is mentioned in the chart.

3.2.2 Cost and quality of hydraulic services

3.2.2.1 Water quality

Generally, it was unanimously agreed that the water quality in Menji is good (73.9% of respondents) as opposed to only 19.8% that did not appreciate the quality of the water. 6.3% of the population was indifferent.

3.2.2.2. Water with odor

86.1% of the population still appreciated the quality of the water by saying it did not have any odour, while 12.4% said it had an odour. 1.4% in this case was indifferent.

3.2.2.3 Taste of water

While 12.9% of the population said that the water had a test, 85.9% said it did not have any taste still confirming the good quality of the water. 1.2% in this was again indifferent which is quite low.

3.2.2.4 Water with colour

70.9% of the sample population said the water did not have a colour. Though only 23.9% said it has a colour, this percentage is significant meaning that the quality of the water is not very good in all cases. Here again, 5.3% of the population was indifferent which is again high.

3.2.2.5: Cost of hydraulic services and time to water source

A very minimal percentage of households (8.2%) paid for the water from the principal public source used. While 22.9% of the population said their public water source was on the spot, 36.8% said they took less than 15 minute to walk to the source. 27.1% said they took between 15 1nd 30 minutes while the rest 13.2% said they took more than 30 minutes. The water sources are hence relatively very close to the households. 92.6% of households confirmed having access all day long to the principal public source of water used.

3.2.3 Appreciation of hydraulic services

31.2% of households declared a breakdown on the principal public source of water used during the last 6 months. The highest percentage (38.6%) of the breakdown was declared by the households between 1 week and 1 month. Up to 24.6% of breakdowns were yet to be declared by the households.

Table 2. Appreciation of hydraulic services by time taken to declare damage

Proportion of Households that declared a breakdown of the principal public water source used during the last 6 months	Less than a week	Between 1 week and 1 month.	Between 1 and 3 months	Over 3 months	Not yet	Total
31.2	11.3	38.6	24.7	0.8	24.6	100

Of the proportion of households that declared the breakdown, the highest percentage (24.3%) estimated that the points were repaired by the Water Management Committees (WMC) followed by 15% that estimated that they were repaired by either the chief of the village or quarter. None estimated the administration or the state having anything to do with the repairs.

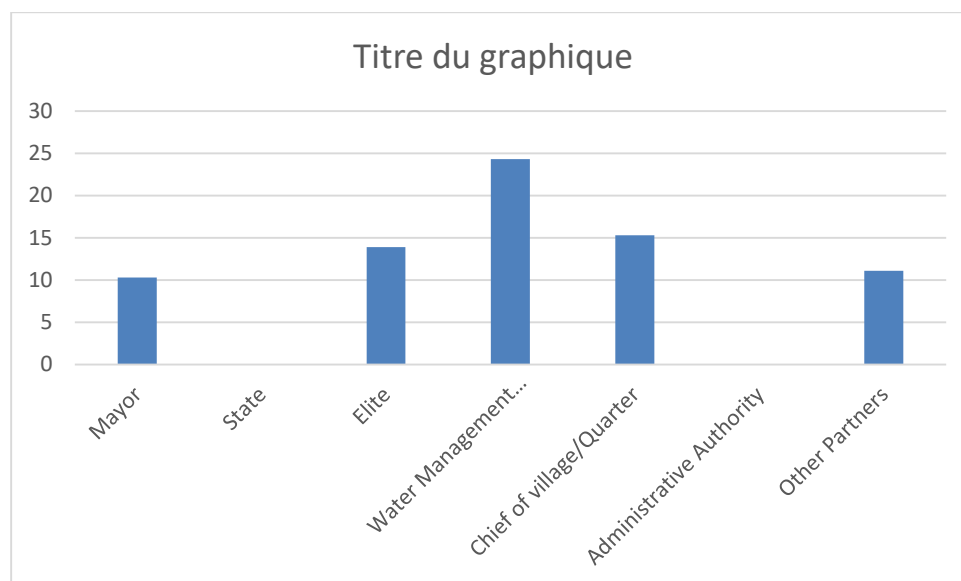


Chart 2. Proportion of HH that declared breakdown to the above mentioned

20.8% of households expressed their needs with respect to the supply of portable water during the last 6 months. Of this, the highest (62.7%) expressed their needs to the mayor. None expressed their need to CAMWATER/SNEC and only 2.0% to the state.

Only 14.2% of household that expressed needs had them satisfied.

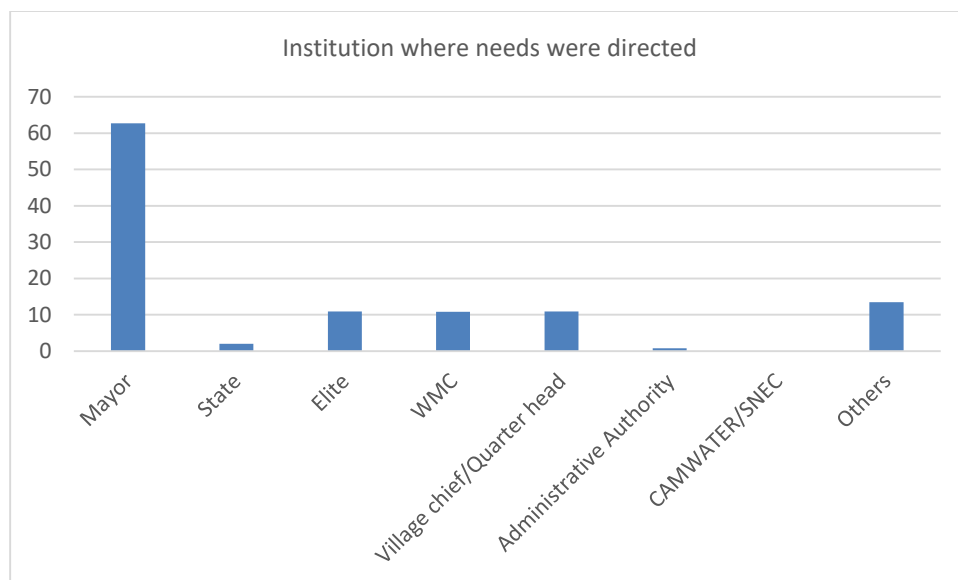


Chart 3. Institution or person to whom needs were expressed

3.2.4 Reasons of dissatisfaction of the populations

According to the research results, no households that expressed needs with respect to portable water supply had their needs satisfied within a period of less than a week to even more than 3 months. The results of the study showed that of the proportion of households not satisfied with potable water supply, 52.4% was because of poor water quality, 52.2% because of insufficient water supply points, 49% because of distance to water point, 33.1% because of the management of the water point, 30.2% because of lack of or sluggishness with respect to maintenance in the case of damage, 2.5% because of high cost of portable water supply and 3.5% because of other reasons.

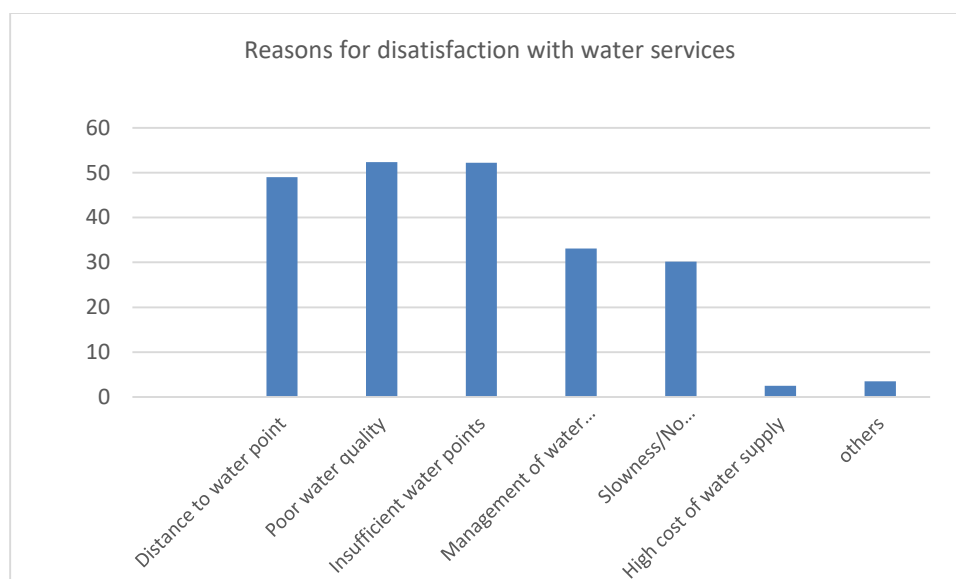


Chart 4. Reasons for dissatisfaction with water services

3.2.5 Expected results from hydraulic services

Households in Menji expect a great change in the services rendered in the hydraulic sector. Top on their list of expectations is that there should be additional water collection points (64.2% of the households). 45.6% of the households expect an improvement in the management of existing water collection points while another 38.2% expect an improvement in the quality of water of the existing water collection points.

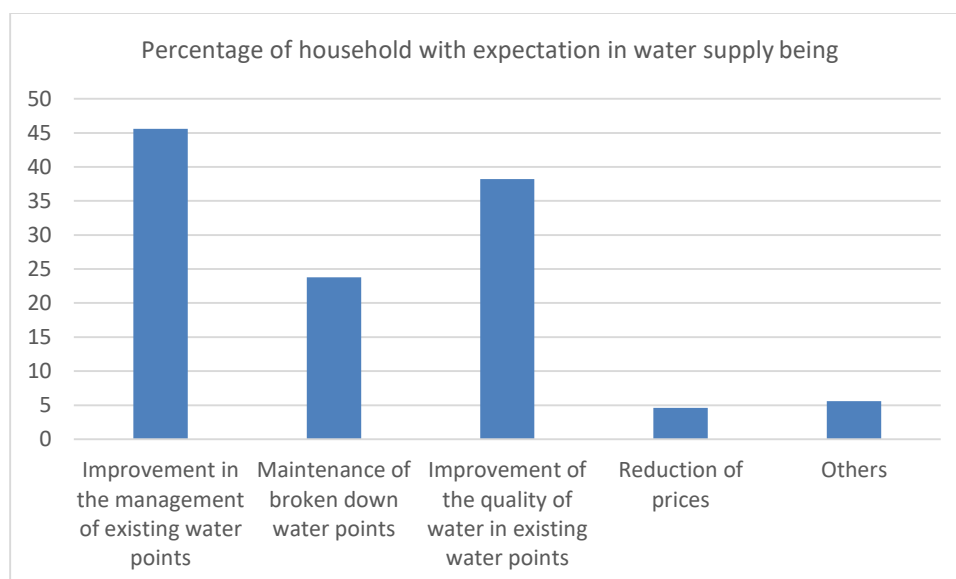


Chart 5: Proportion of HH with expectations in water supply

3.2.6 Synthesis of the perception of hydraulic services and suggested improvements.

The existing water supply source of a very high proportion of households in Menji (74%) is spring or river. Only 20.9% obtain water from a supply system. 83.2% of the sampled population accepted using portable water. As usual, the highest proportion of households, 35.6%, had a river as their public water supply.

A very high proportion of households (73.9%) accepted that the quality of water was generally good. 86.1% agreed that the water did not have an odour, 85.9% that it did not have a taste and another 70.9% that it did not have a colour.

Though 8.2% of households accepted paying for water from public supply sources, no information was available on costs. 62% of survey population said they had water supply from public sources throughout the year while another 92.6% of this population confirmed that they had water from public sources even throughout the day.

The maintenance of most water supply points was done by the water management committee followed by the village or quarter head and also elites and mayor in order of importance. The state or national water supply company had minimal role to play in the sector.

Most households expressed their water needs to the mayor (62.7%). A very high proportion (66.7%) of those that expressed their needs was not satisfied with portable water supply and the main reason being that they needed supplementary water supply sources (64.2%).

Suggestion for the improvement of services in the sector included:

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

3.3 HEALTH SECTOR

3.3.1 Availability and Utilization of health facilities (HF)

3 types health facilities were identified to exist in the council area namely the Integrated Health Centre (IHC) the hospital/CMA and private health centre. The highest proportion of households (59%) said that the closest health facility to them is the IHC. 1.3% of the population said none of these was close to them.

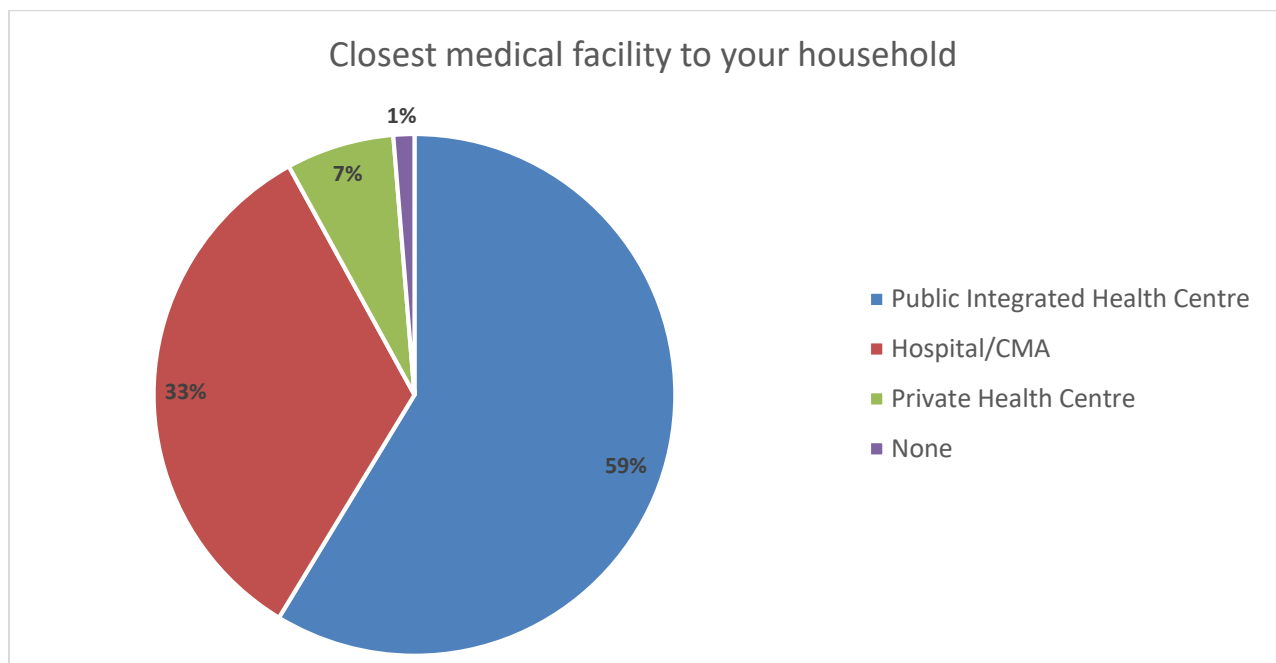


Chart 6: Proportion of HH indicating closeness of medical facility to the HH

The highest population (40%) said it took them less than 15 minutes to reach the closest health facility while 36% said it took them more than 30 minutes. This means that the health facilities are fairly close to the households

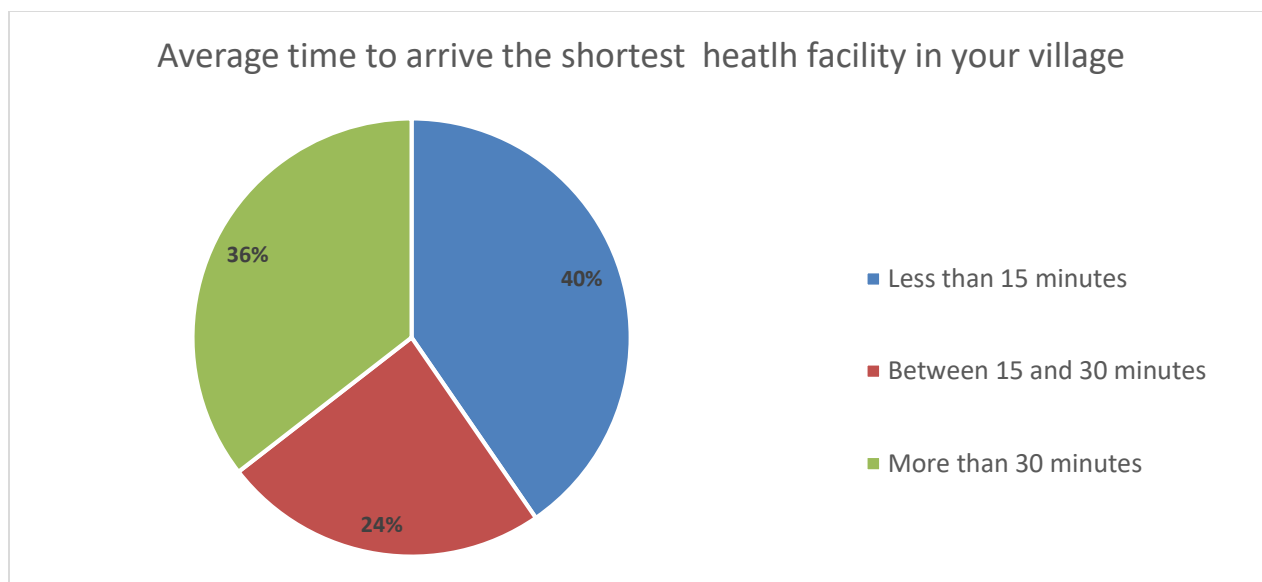


Chart 7: Proportion of HH declaring average time to reach closest health facility

56% of sampled households said that they preferred to go to hospital/CMA when they were sick. Another 34% said they preferred the Integrated Health Centre while 10% preferred the private health centres. Between zero and one percent preferred going to tradi-practitioners, received auto-medications or went to a medical staff.

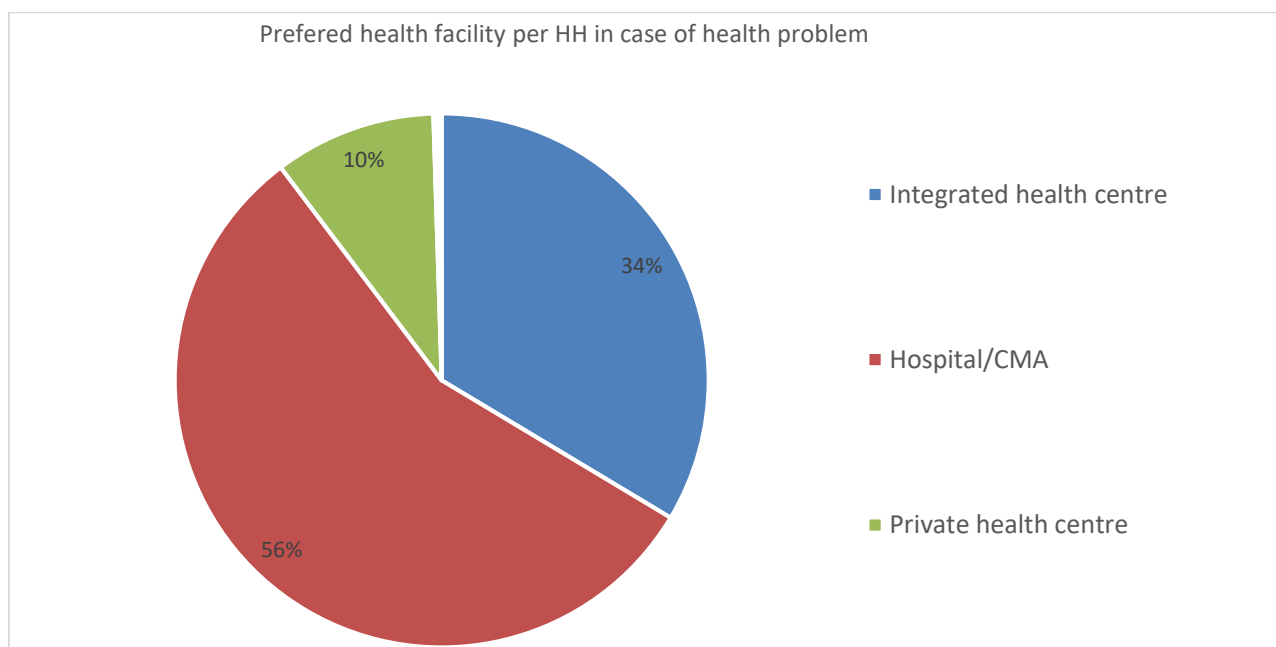


Chart 8: Proportion of HH with preferred health facilities

81.2% of Households use the closest health facility. 70.9% of the population said that at least one member of the household preferred using a medical doctor while 26.1% said they preferred a nurse. The population that preferred nurse aids or said they did not know was less than 2%.

Table 3: Type of HF utilized by at least a member of the Household

Proportion (%) of HH using the closest HF	HF staff utilised by at least a member of the HH					
	Doctor	Nurse	Nurse-Aid	Other	Not Known	Total
81.2	70.9	26.1	1.5	0.0	1.6	100

While 91.3% of households that visited the health facility during the last 12 months declared that it has personnel, 88.4% declared that it had material and 96.2% declared that it had hospitalisation rooms (wards). The highest population of those that knew the number of beds in a room (16%) said that they found less than 5 beds in the wards. 9.4% said they found more than 10 beds but surprisingly, 53% said they did not know the number.

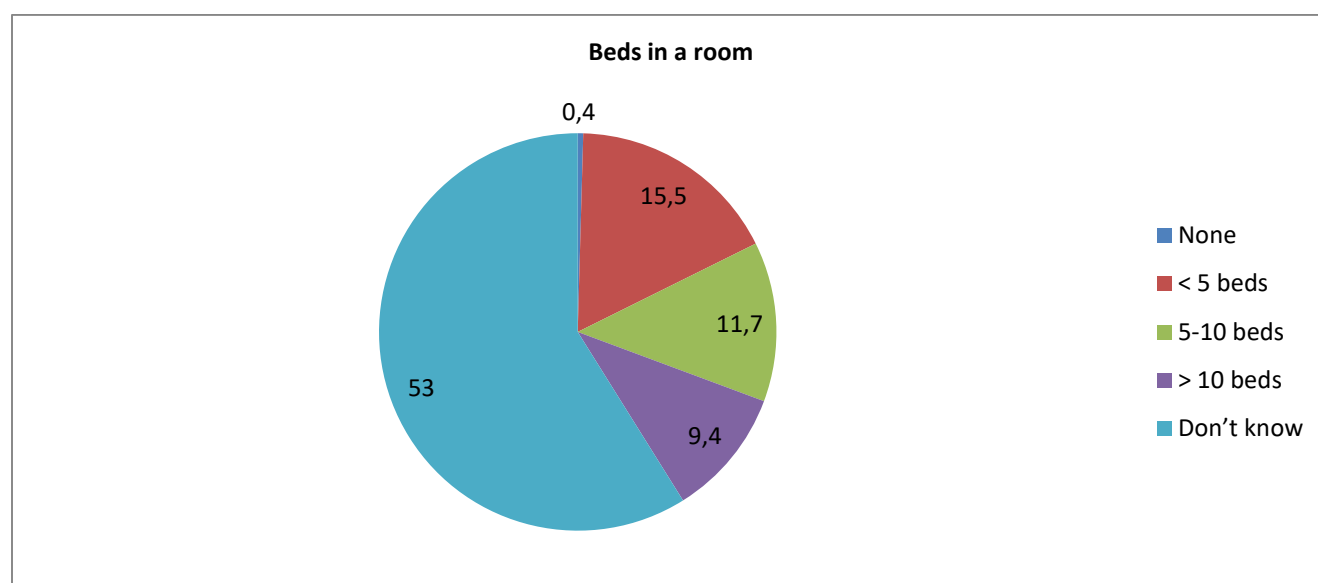


Chart 9: Proportion of HH and number of beds in the hospital room

89.7% of households that visited the health facility within the last 12 months said it had a pharmacy/pro-pharmacy and 92.5% confirmed that the pharmacy/pro-pharmacy had drugs.

3.3.2- Cost and quality of health services

93.1% of households confirmed paying for consultation in the nearest health facility. 53% said they paid between 500 and 1000 Fcfa 43% said they paid more than 1000 Fcfa. Less than 5% said they paid less than 500 Fcfa.

While 60.2% of the households said the consultation cost is high, 37.2% said it is reasonable and 2.6% that it is insufficient.

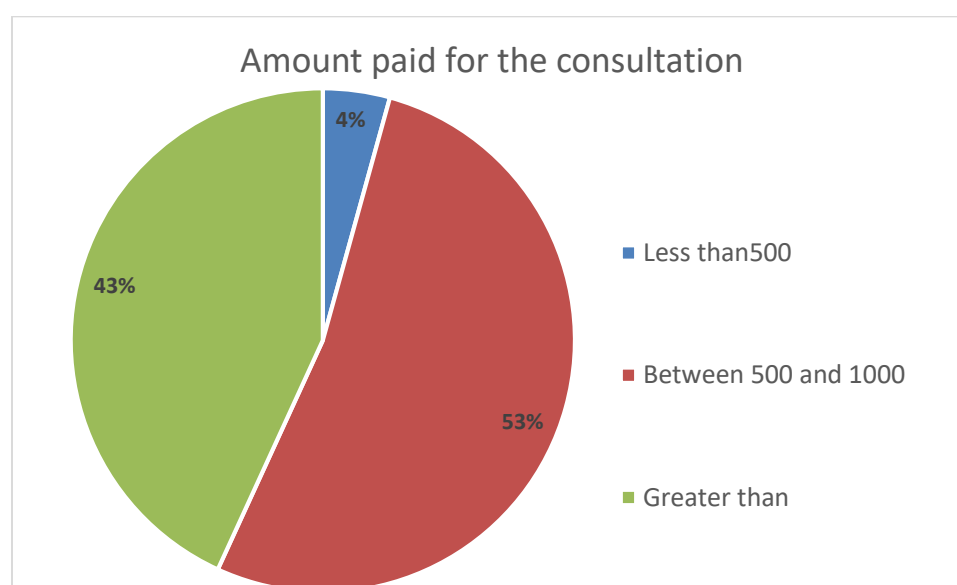


Chart 10: Proportion of HH paying the corresponding consultation fees.

3.3.3 Appreciation of health services

65.6% of households, whose members frequent the nearest health facility, find that the reception is good while 33% say that it is acceptable. While a member of 64.1% of households declared that most of health problems in the village are solved, that of 37.3% of households declared not satisfied with the health services.

3.3.4 Reasons for the population's dissatisfaction

From the table below, it is observed that dissatisfaction with services rendered by the health facilities is mostly tied to bad quality and insufficient equipment followed by insufficient drugs and then poor quality of services rendered.

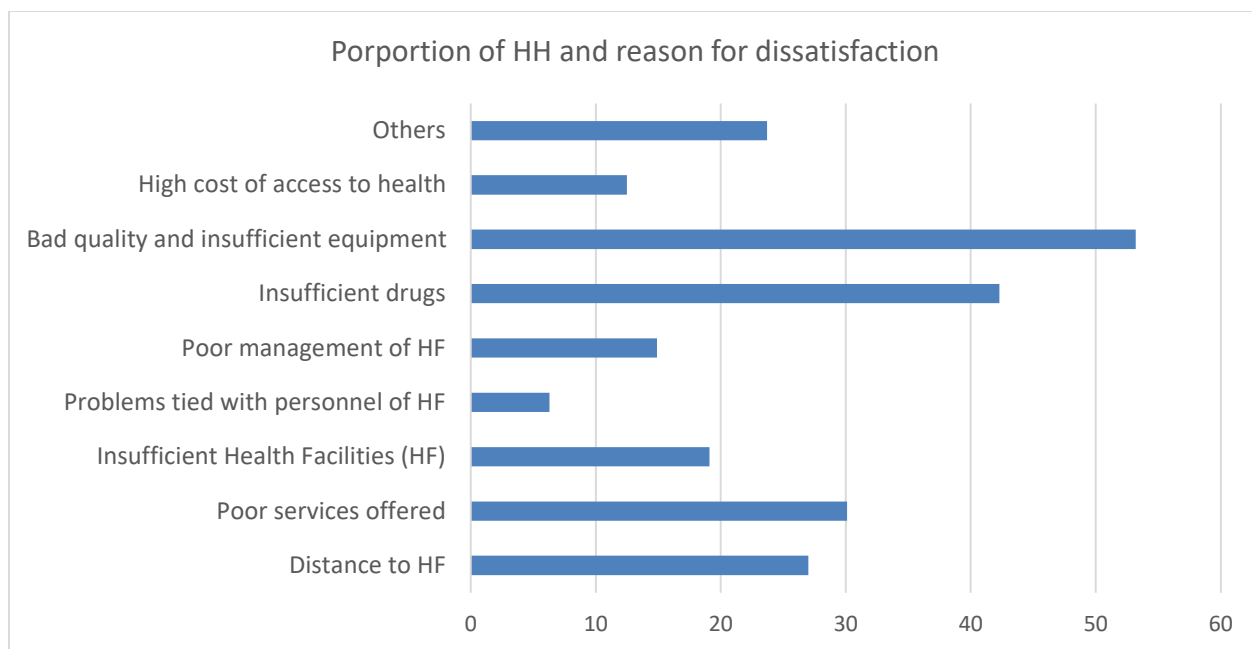


Chart 11: Reasons for dissatisfaction of the population

3.3.5 Expected results concerning health services

Amongst the households in which a member declared that health problems are solved, below is the percentage expectation of the households.

Percentage of households in which one member has as expectation

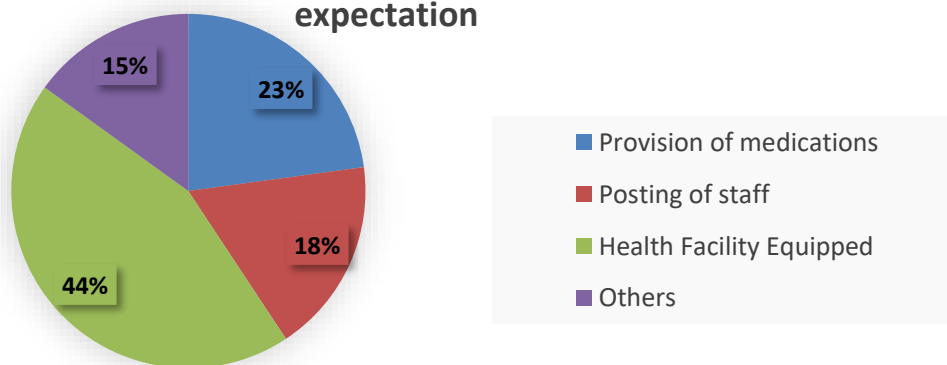


Chart 12: Expectations of households

It is observed that even amongst those that consider the services provided by the health facilities as satisfactory, most (42.6%) still expect an improvement in the material and equipment of the health facilities followed by supplementary health facilities.

3.3.6 Synthesis of the perception of health services and suggested improvements

The Menji council area has 3 categories of Health Facilities (HF) namely the government Integrated Health Centre (IHC), the Hospital/CMA and the Private Health Centres (PHC). According to 58% of the households, the closest HF to them is the IHC.

Though 40.4% of HH said it took them 15 minutes to reach the closest HF, about 35.5% said it took them more than 30 minutes and this can be horrible considering the hilly nature of the area. Though 56.1% preferred going to the hospital, most (81.2%) preferred going to the closest HF. 70.9% of HH said at least one member liked consulting with a medical doctor, usually found only in the hospital. A high proportion of the households sampled agreed that the health facilities had personnel, material and hospitalization rooms. A very high percentage (53%) of households declared that they did not know the number of beds in the hospital facilities but most that knew said the range was between 5 and 10.

93.1% confirmed paying for consultation in the nearest HF. Most (52.6%) said they paid between 500 and 1000 Fcfa which according to 60.2% of this sample is too expensive.

Most HH (65.6%) were satisfied with reception and 64% declared that most of the health problems in the village are solved.

Most (53.2%) of those dissatisfied with healthcare delivery associated this to bad quality and insufficient equipment. A considerable proportion (42.3%) said it was due to insufficient drugs.

The expectation of most (42.6%) of the households is to have the health facility equipped. Some (29%) expect to have more health facilities while 22% expect the facilities provided with drugs.

3.4 EDUCATION SECTOR

3.4.1 Availability and use of education services by cycle

In the education sector, 93.9%, 96.2% and 87.5% of households declared that their village or quarter has a nursery, primary and secondary school respectively. Each household had an

average of 1.7 children in the nursery school, 2.3 in the primary and 2.2 in the secondary. While most children; 65.5% and 51.8% in the nursery and primary schools respectively travelled less than a kilometer to reach school, 56.2% covered a distance of 1 to 5 kilometers to reach their secondary school. No information was given for professional training though we know that there is a Government Teacher's Training Centre (GTTC) in the area. It took an average of 22.4 minutes for children in the nursery school, 33.3 minutes for those in the primary and 30.7 minutes for those in the secondary to arrive school by trekking.

Table 4: Availability and use of education services

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	93.9	1.7	65.5	33.4	0.0	1.1	100	22.4
Primary	96.2	2.3	51.8	45.5	1.0	1.7	100	33.3
Secondary	87.5	2.2	34.5	56.2	7.1	2.2	100	30.7
Professional	*	*	*	*	*	*	*	*

* Means the percentage is low to comment on the indicator.

78.6% of households admitted that the primary school is complete, 93.5% and 92.2% that the secondary and higher schools are complete. While 81.5% said the nursery school had a classroom, 75.3% and 93.4% of households admitted that the primary and secondary schools respectively have a classroom?

86.2%, 82% and 90.8% of households declared that the nursery, primary and secondary school children respectively sit on chairs. While 17.8% of the sampled population accepted that text books are distributed to nursery school children, 9.3% and 0% admitted that they were distributed in the primary and secondary school. Once more, there was no information for professional training.

Table 5: Completeness of the cycle, equipment and material

Cycle	Percentage of Households of which a member declares that:						
	The primary cycle is complete	The secondary cycle is complete	The higher school cycle is complete	The professional training has equipped workshop	The cycle has a classroom	Children sit on a desk	Books are distributed in the cycle
Nursery	0.0	0.0	0.0	0.0	81.5	86.2	17.8
Primary	78.6	0.0	0.0	0.0	75.3	82.0	9.3
Secondary	0.0	93.5	92.2	0.0	93.4	90.8	0.0
Professional	*	*	*	*	*	*	*

* Means the percentage is low to comment on the indicator.

3.4.2 Quality and cost of education by level

A high proportion of households; 78.3% for nursery and 57.3% for the primary schools admitted that the teachers are regular in class. This figure for the secondary education is quite low as only 38.6% of households admitted the regularity of teachers in class.

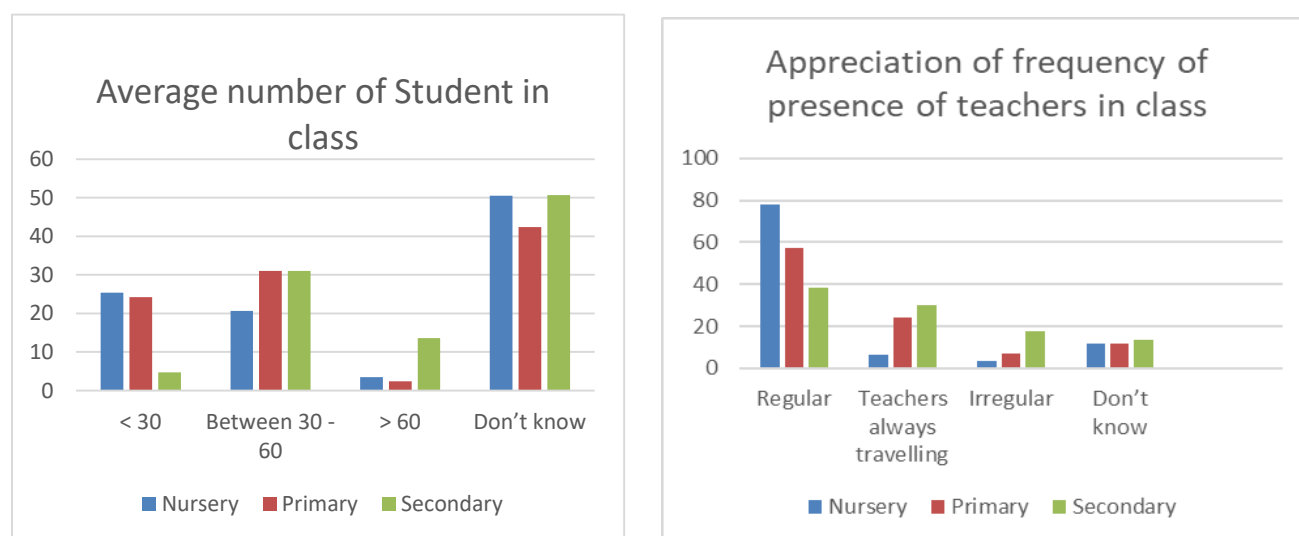


Chart 13: Average number of pupils and regularity of teachers in class

A very high proportion of the households; 97.4% for the nursery, 96.4% for the primary and 91.7% for the secondary schools admitted having paid the requested fee for education.

While the average cost of fees for the nursery schools was about 4,300,000 Fcfa, that for the primary was about 1,612,400 Fcfa and that for the secondary schools 8,155,260 Fcfa.

70.8% of households admitted that this amount is high for the nursery school, while 60.5% and 61.1% of households admitted it is high for the primary and secondary schools respectively. No information was again available for the professional education sector.

In the nursery, primary and secondary levels of education, 68.2%, 81.9% and 73.2% of households admitted that repairs of damaged classrooms are done by the Parents, Teachers Association (PTA). It was generally accepted that the council, elites and sectorial ministries played a minimal role.

Table 6: Amount of fee paid and appreciation of the amount paid

Educational level	Proportion of HH having paid required fee	Average expense	Level of appreciation of the amount paid				
			High	Reasonable	Insignificant	Not concerned	Total
Nursery	97,4	4.299.886,2	70,8	29,2	0,0	0,0	100,0
Primary	96,4	1.612.384,1	60,5	32,1	2,0	5,4	100,0
Secondary	97,1	8.155.259,3	61,1	36,3	0,0	2,6	100,0

3.4.3 Appreciation of services by level of education

While 18.9% of households were not satisfied with the services rendered at the nursery level, 32.1% and 20.1% were not satisfied with the services rendered at the primary and secondary school levels respectively.

Table 7: Institution or person responsible for repairs of damages

Educational level	Proportion (%) of HH whose member declares that the damage class was repaired by:					
	PTA	Mayor	Village organisation	MINEDUB MINESEC MINEFOP	Elites	Other partners
Nursery	68,2	3,2	1,4	10,1	0,0	10,1
Primary	81,9	0,0	1,2	5,3	1,1	5,3
Secondary	73,2	2,9	0,0	7,8	0,0	7,8
Professional training	*	*	*	*	*	*

* Means the percentage is low to comment on the indicator.

3.4.4 Reasons for people dissatisfaction of education services by cycle

Non satisfaction at nursery and primary school levels was mainly due to insufficient classrooms and equipment while non satisfaction at the secondary level was due to high fees, lack of teachers and poor results. This once more confirms the irregularity of teachers in class at secondary school level earlier mentioned above.

Table 8: Reasons for dissatisfaction with educational services

Level of Education	% of HH not satisfied with services	Proportion (%) of HH not satisfied with educational services according to the reason of non satisfaction							
		Distance to Educational services	Insufficient classrooms	Insufficient equipment	Insufficient schools	Lack of staff	No distribution of school books	Bad results	High fees
Nursery	18,9	(13,1)	(56,5)	(48,6)	(12,9)	(20,9)	(27,7)	(8,3)	(37,9)
Primary	32,1	26,0	53,8	43,5	34,3	20,8	30,7	26,4	46,7
Secondary	20,1	(8,4)	(21,6)	(29,8)	(27,6)	(38,0)	(17,7)	(32,0)	(44,6)
Professional training	3,1	*	*	*	*	*	*	*	*

* Means the percentage is low to comment on the indicator.

3.4.5 Expected results in terms of education

At the nursery school level, the highest expectation of households was to increase personnel (16.1%) followed by increasing classrooms (15.3%) and then adding equipment.

At the primary school level, the highest household expectation was to increase personnel (27.1%) followed by increase classrooms (24%) and then the equipment.

At secondary school level, the highest household expectation was to increase the number of personnel (18.9%) followed by increase equipment (15.7%) and then reduction in cost (12.2%). Some information was given for professional training but this is weak.

Table 9: Expectations of households

level of Education	Proportion of HH with the following expectations:								
	Having nearby schools	Increase classrooms	Increase equipment	Add schools	Increase staff	Distribute books	Improve results	Reduce costs	Others
Nursery	2,8	15,3	14,9	0,3	16,1	7,2	4,0	10,6	4,6
Primary	4,3	24,0	20,4	5,2	27,1	12,1	11,5	17,6	6,5
Secondary	6,6	9,3	15,7	2,3	18,9	4,9	9,0	12,2	7,6
Professional training	0,0	1,2	0,8	1,1	1,4	0,0	0,3	0,8	0,3

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 17.8% of households admitted that books are distributed in nursery schools, this is minimal or even nonexistent at primary and secondary school levels respectively. While a high proportion of teachers are regular in class at nursery and primary school level, only 38% 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 PTA with elites, the mayor and sectorial ministries contributing very little.

A high proportion of households were, however satisfied with the services rendered by the sector at all levels. Reasons for non-satisfaction by some included insufficient classrooms, lack of equipment, lack of teachers and high fees, but the gravity depended on the level of education.

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 BY THE MUNICIPAL INSTITUTION

3.5.1 Availability and use of services at the municipal institution

The highest proportion of households (32%) that requested for services from the council was in respect of the establishment of birth certificate followed by the certification of official documents (6%), the acquisition of building permits (3.8%) and death certificates.

Table 10: Service requested, appreciation of the service and time taken to obtain the service

Service provided	Proportion of HH that asked for the service	Proportion of HH that demanded for the service and said it was good	Time taken to obtain the service requested						
			< 1 day	Between 1 day- 1 week	Between 1 week- 1 month	Between 1 month -3 months	> 3 Months	On-going	Total
Establishment of birth certificates	32,0	49,3	(13,0)	(72,3)	(10,8)	(3,0)	(0,0)	(0,9)	(100,0)
Certification of documents	6,0	*	*	*	*	*	*	*	*
Building permits	3,8	*	*	*	*	*	*	*	*
Death certificates	3,6	*	*	*	*	*	*	*	*
Marriage certificates	3,8	*	*	*	*	*	*	*	*
Certificates of residence	1,1	*	*	*	*	*	*	*	*

Validation of localisation plans	2,2	*	*	*	*	*	*	*	*
Information	1,1	*	*	*	*	*	*	*	*
others	0,3	*	*	*	*	*	*	*	*

* Means the percentage is low to comment on the indicator.

3.5.2 Cost and quality of services

Though no information was given on the cost associated with council services, some information was given on the quality of services offered.

Of the proportion of households having requested for a service at the council, 49.3% of those that wanted to establish birth certificates admitted that the reception was good. The majority (72%) said they took between 1 day and 1 week to acquire the document.

24.2% of the households that requested for the establishment of a birth certificate, 4.3% of those that requested for the official certification of documents, 3.8% of those that asked for building permits, and 3.0% of those that requested for a marriage certificate found rendering the service either long or too long and the cause of waiting for the establishment of the birth certificates was attributed mainly to the staff either absent or not available (43.2%) followed by the absence of material (29.8%) and then corruption (15.6%). The highest bribe to obtain a service was in the area of the establishment of birth certificates followed by the certification of official documents, obtaining building permits and the validation of localization plan.

Table 11: Length to render the service and cause of delays

Service provided	Proportion (%) of HH 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	24,2	43,2	29,8	15,6	4,1	7,2	100,0	14,6
Certification of documents	4,3	*	*	*	*	*	*	*
Building permits	3,8	*	*	*	*	*	*	*
Death certificates	1,8	*	*	*	*	*	*	*
Marriage certificates	3,0	*	*	*	*	*	*	*
Certificates of residence	1,1	*	*	*	*	*	*	*
Validation of localisation plans	1,4		*	*	*	*	*	*
Information	0,6		*	*	*	*	*	*
others	0,1		*	*	*	*	*	*

* Means the percentage is low to comment on the indicator.

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----- 2.6%
- Having received information on the annual budget-----2.4%
- Having received information on income and expenses----- 2.4%
- Having accompanied the village or quarter in development actions----- 5.1%
- That the village/quarter was implicated in Planification-----10.7%
- That the village/quarter was involved in programming/budgeting-----61.2%

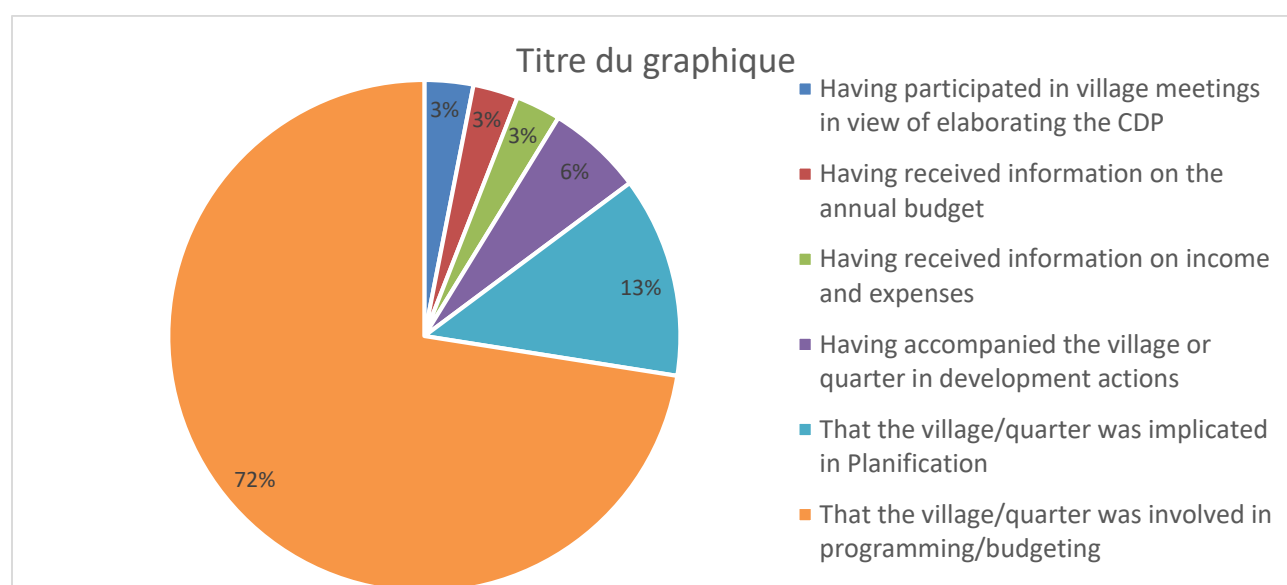


Chart 14: Evaluation of municipal institution services

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

A member of 86.2% of households declared dissatisfaction with the services rendered by the council.

3.5.4 Reasons for people dissatisfaction

Amongst those unsatisfied with council services, the highest proportion (84.9%) said it was because the actions of the council are not visible. Next was because of the non-implication of the population in the management of the council (52.8%). Also, high on the list (37.2%) are deficiencies tied with the staff of the council (absenteeism, corruption, bad reception etc.) and that the executive; mayor and his assistants were not available (27.2%).

Table 12: Reasons for dissatisfaction with council services.

Percentage of HH whose member declared dissatisfaction	Among those not satisfied, percentage of HH whose member advanced as reason for being dissatisfied:					
	Delays in handling the demands of users	Lack of the implication of the population in council management	Problems linked with council staff (absenteeism, corruption, poor reception etc.)	Non visibility of council actions	Unavailability of council executive (Mayor and his assistants)	Others
86,2	17,3	52,8	32,7	84,9	27,2	16,4

3.5.5 Main 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:

- ✓ Closer proximity with the administered (61.1%);
- ✓ Greater transparency in managing the council (50.3%);
- ✓ Greater communication on the council's actions (49.5%) and
- ✓ Greater implication of the population in decision making (48.1%).

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

From the survey, it was found out that the main service requested by the population of Menji from the council is the establishment of birth certificates. This is closely followed up by the certification of official documents and the issue of building permits and death 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. Any delays in the issuing of the certificate were attributed to either the absence of staff or material and corruption.

The participation of the local people in decision making (planning, programming, budgeting, 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.

CONCLUSION AND MAIN RECOMMENDATIONS

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.

A very high proportion of the population confirmed that the quality of water consumed in Menji is good.

The services offered in the health sector were equally declared good and the population went as far as saying that most of their health problems are resolved within the council area.

In the education sector the population was equally satisfied with the services provided though they were not satisfied with the regularity of teachers in classrooms and the fact that some schools had insufficient classrooms, desks and tables.

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.

Recommendations

Hydraulic sector

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

Health sector

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

Education sector

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

Council sector

- Increase visibility of council actions;
- Greater transparency in the management of council projects and budgets;
- Greater implication of the population in decision making;
- 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 MENJI

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	
			<u>Local¹</u>	<u>Central</u>
Hydraulic	Poor water quality	Improve filtration and treatment of water	Water Management Committee (WMC)	MINEE
	Insufficient water collection points	Construction of more water collection points	Council, WMC	MINEE
	Delays in the repairs of damaged water supply systems	Communities should promptly report damages and repairs done immediately	WMC, Council	MINEE
	Very low involvement of the council and government in water supply	More involvement of the government and council	WMC, Council	MINEE, CAMWATER
Health	High cost of consultation fee	Lobby for consultation subsidy	Council	MINSANTE
	Insufficient drugs and equipment	Regular supply of drugs and equipment.	Health Management board, Council	MINSANTE
	Insufficient hospitalization beds and wards	Acquire more wards and beds	–	MINSANTE
	Insufficient personnel and pitiable management of health centres	Organise refresher courses and deploy staff to health units	DMO,	

¹ It is those solutions that will allow to make the plan of action.

Education	Teachers, insufficient and irregular in class	Deployment of additional staff	Inspectors and delegates	MINEDUB, MINESEC
	High school fee	Provision of subsidy	-	MINEDUB, MINESEC
	Insufficient classrooms, tables and desks	Provision of additional classrooms, tables and desks	Council, PTA	MINEDUB, MINESEC
	Poor end of year and external exam results	Ensure teachers take up their full responsibilities and provide refresher courses	Head teachers, Principals	MINEDUB, MINESEC
Council	Low involvement of the population in council decision making	Control councilors to ensure they are in close contact with their communities and collect their views that are presented during sessions	Mayor, Secretary general	-
	Improper accountability and transparency in the management of council budgets and projects	Use community radios, bill boards, newsletters, public hearings etc for dissemination and train councilors on how to follow up.	Mayor	-
	Absenteeism, corruption and poor reception of the population by council staff	Check corruption and regularity of staff using registers etc and sanction defaulters. Provide regular capacity building for staff.	Mayor, Secretary general, Treasurer	-

4.3 Model of Action Plan (based on the actions to be implemented at the local level)

Sector	General Objectives	Specific objectives	Actions	Results indicators	Reference value	Target value	Frequency of measurement	Source of verification	RESPONSIBLES	PARTNERS	Estimated cost
Hydraulic	1.Improve the quality of water supplied	Specific Objectives 1.1.1	Action 1.1.1.1 Regularly clean filters	At least 95% of water has no colour	79.3%	95%	Every 6 months	WMC record books, Testimonies	Water Management Committee (WMC)	Council, MINEE	700,000
		Improve on the filtration and treatment of water	Action 1.1.1.2 Purchase chemicals and treat water	At least 95% of population admits water quality is good by Dec 2018	79.3%	95%	52 times a year	Records of Lab technician and chair of WMC	WWC Laboratory technician	Council, MINEE	1,600,000
		Specific Objectives 1.1.2 Create, reorganise and build capacities of water management committees.	Action 1.1.2.1 Create and train water management committees where they do not exist	At least 5 new WMC created and one training held by Nov 2018	0 New WMC 0 training	5 new WMC 1 training	5 1	WMC record books, List of participants, Training report.	Council	MINEE	700,000

			Action 1.1.2.2 Reorganise and build capacities of existing water management committees.	At least 10 reorganisations meetings carried out and capacities of at least 20 persons built by Dec, 2018.	1 meeting 1 capacity building workshop	10 meetings	10 meetings 1 capacity building workshop	Meeting reports Workshop report. List of participants	Council	MINEE	400,000
	1.2 Improvement in the quantity and access to water supply	Specific Objectives 1.2.1 Promptly repair and rehabilitate damaged water systems	Action 1.2.1.1 Studies and purchase of materials	90% of materials ready by October 2018	0 materials	95%	Monthly	Receipt, records of WMC	Council, WMC	MINEE	1,300,000
			Action 1.2.1.2 Repairs of damaged systems	95% of repairs done by Dec 2018.	0	95%	Monthly	Reports, Site view and pictures	WMC	MINEE	800,000
		Specific Objectives 1.2.2 Increase the number of water collection points	Action 1.2.2.1 Studies and purchase of materials	90% of materials ready by October 2018	0 materials	95%	Monthly	Receipt, records of WMC	Council, WMC	MINEE	1,300,000
			Action 1.2.2.2 Construction of new	90% of materials ready by	0	10	Monthly	Reports, Site view and pictures	WMC	MINEE	900,000

			collection points	October 2018							
Sub Total 1											7,700,000
Health	2.1 Improve healthcare for all.	Specific objective 2.1.1 Improve the services rendered to the public	Action 2.1.1.1 Elaborate a lobbying strategy and lobby for reduction in consultation fee	Consultation fee reduced by at least 20% by Dec. 2018	1000	500	Once	Strategy document, Report of mission.	Council	MINSANTE	300,000
			Action 2.1.1.2 Lobby for the recruitment, deployment and recycling of health personnel	Quality of health services provided improves by at least 20% by Dec 2018.	0	90%	Yearly	Training report, Attendance sheets	Council	MINSANTE, DMO	300,000
		Specific objective 2.1.2 Improve infrastructure and drug supply	Action 2.1.2.1 Lobby for the rehabilitation of health infrastructure	At least 50% of health facilities rehabilitated by Dec 2018.	0	50%	Once	Site view, Rehabilitation reports.	Council	MINSANTE Contractors	300,000

			Action 2.1.2.2 Provision of more equipment and drugs	90% of equipment and essential drugs are available by Dec. 2018	40%	90%	Once yearly	Pharmacy records, Health facility inventory report.	Council	MINSANTE	600,000
Sub Total 2											1,500,000
Educatio n	3.1 Enhance opportunities for quality education	3.1.1 Increase school infrastructure, equipment and material	3.1.1.1 Constructi on of classrooms , 2 each at the nursery, primary and secondary levels	At least 6 classrooms constructed by October 2018	0	6	2 per month	Site visit, Reports, Inventory records	Council, PTA	MINEDUB, MINESEC	12,000,000
			3.1.1.2 Purchase and supply of pupil's desks	At least 200 desks supplied by Dec 2018	0	200	once	Site visit, Inventory	Council, PTA	MINEDUB, MINESEC	1,500,000
		3.1.2 Improve services provided in the sector.	3.1.2.1 Recruit more teachers and ensure their regularity in class	At least 25 new teachers recruited by Sept 2018. Results improve by at least 20%	0	25	once	Contracts, Reports	PTA	MINEDUB, MINESEC	9,000,000

			3.1.2.2 Reduction in the fees paid	Fees drops by at least 10% by Sept 2018	0	10%	Once	Fees receipts	PTA	MINEDUB, MINESEC	200,000
Sub Total 3											22,700,000
Council	4.1 Build Menji Council capacity to effectively play its role in local developme nt	4.1.1 Reinforce the functional capacity of Menji Council.	4.1.1.1 Build capacity of staff on fund raising	At least 3 council staff gain knowledge and skills on fund raising by Dec 2018	0	3	Once	Attestations received, Training report	Council	PAID-WA	400,000
			4.1.1.2 Train councilors on the monitoring of council investment budgets and projects	At least 25 councilors gain knowledge and skills by Dec 2018	0	25	Every 5 years	Attendance lists Training report	Council	AJESH	700,000
		4.2.1 Put in place measures that will enable the council function Better	4.2.1.1 Organise public hearings	At least 1 hearing organised by Dec 2018	0	1	Twice annually	Attendance lists, Reports	Council	AJESH	300,000
			4.2.1.2 Improve communic ation using newsletter s, bill	1 newsletter published monthly; Monthly radio	0	12	monthly	Copies of newsletters, Burnt CDs	Council	PNDP, Community radio	450,000

			boards, communit y radio programm es etc.	programme s broadcasted .							
Sub Total 4											5,960,000
Grand Total = Sub Total 1+Sub Total 2 + Sub Total 3 +Sub Total 4											33,750,000

ANNEXES

Annex 1: Research questionnaires

<u>Section I. BACKGROUND INFORMATION</u>		
A01	Region _____	
A02	Division _____	
A03	Council _____	
A04	Batch number	
A05	Counting Zone Sequential number	
A06	Residence stratum : 1=Urban 2=Semi-urban 3=Rural	
A07	Name of the locality _____	
A08	Structure number	
A08 a	Household number in the sample	
A09	Name of the household head _____	
A10	Age of the household head (in years)	
A11	Sex of the household head : 1=Male 2=Female	
A12	Name of the respondent _____	
A13	Relationships between the respondent and the household's head (see codes)	
A14	Sex of the respondent: 1=Male 2=Female	
A15	Age of the respondent (on a bygone-year basis)	
A16	Phone number of the respondent	
A17	Date of beginning of the survey	/ /
A18	Date of end of the survey	/ /
A19	Name of the enumerator _____	
A20	Name of the council's supervisor _____	

A21 Data collection result☐

1=Complete Survey

4=Absence of a qualified respondent

2= Incomplete Survey

5=Empty house or no house responding to the given address

3=Refusal

96= Any other reasons (to be specified)

(If the answer is different from 1 and 2, the questionnaire should come to an end)

A22 Assessment of the quality of the survey☐

1= Very good

2=Good

3=Average

4=Poor

5=Very poor

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
7= Maid

6 = No relationships with household head or with his/her spouse

<u>CODES Q13</u>		<u>Section</u>	
<u>II. POTABLE WATER</u>			
H01	<p>Which public water supply systems exist in your village/quarter? (Circle the corresponding letter(s))</p> <p>Is there any other system?</p>	<p>1=Yes 2=No</p> <p>A. Well equipped with a pump</p> <p>B. Open pit well</p> <p>C. Protected well</p> <p>D. Boreholes equipped with a manually operated pump</p> <p>E. Spring/ river</p> <p>F. Access to potable water (pipe borne water)</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> <p><input type="checkbox"/></p>
H01a	<p>Is your main water supply source run by a public or a private entity?</p> <p>1=Public 2=Private If 2 —————>H14</p>		<p><input type="checkbox"/></p>
H02	<p>What is your main public water supply source? (Just a single answer)</p> <p>1= Well equipped with a pump 4= Boreholes equipped with a manually operated pump</p> <p>2= Open pit well 5= Spring/ river</p> <p>3=Protected well 6 =Access to tap potable water</p>		<p><input type="checkbox"/></p>
H03	<p>What is the quality of the said water?</p> <p>1=Good 2=Poor 3=Indifferent</p>		<p><input type="checkbox"/></p>
H04	<p>Does this water have an odour? 1=Yes 2=No 8=NSP</p>		<p><input type="checkbox"/></p>
H05	<p>Does this water have a taste? 1=Yes 2=No 8=NSP</p>		<p><input type="checkbox"/></p>

H06	Does this water have a colour? 1=Yes 2=No 8=NSP		<input type="text"/>
H07	Do you pay something to get this water? 1=Yes 2=No If no → H08		<input type="text"/>
H07a	If yes, how much do you spend on average per month? (give an amount in FCFA)		<input type="text"/>
H07b	How do you appraise the said amount? 1=High 2=Affordable 3=Insignificant		<input type="text"/>
H08	Is this water available throughout the year? 1=Yes 2=No		<input type="text"/>
H09	How many times do you need, on average, to go on foot and fetch water and come back? 1=On the spot 2=Less than 15 minutes 3=Between 15 and 30 minutes 4=more than 30 minutes		<input type="text"/>
H10	Has this water point had a breakdown at a given time during the last six months, notably since? 1=Yes 2=No If no → H11.		<input type="text"/>
H10a	If your water point had a breakdown at a given point in time during the last six months, notably since, how long did it take for it to be repaired? 1=Less than one week 2=Between one week and one month 3=Between one month and three months 4=Over three months 5=Not yet, if 5, → H11		<input type="text"/>
H10b	Who repair it? Who else?	1=Yes 2=No A=Mayor (Council) B=State C=An elite D=The Water Management Committee E=the village/quarter head F=CAMWATER/SNEC/CDE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

<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"/>
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"/>
S13	If yes, did the person do it willingly or was he/she obliged by the medical staff to do so? 1=Personal initiative 2=Obliged by the medical staff to do so		<input type="text"/>
S14	How did the household member appraise the welcome attitude of the medical staff of the said health care unit? 1=Caring 2=Fair 3=Poor		<input type="text"/>
S15	Is this health care unit provided with a pharmacy/pro-pharmacy? 1=Yes 2=No If no → S17		<input type="text"/>
S16	Are drugs always available? 1=Yes 2=No 8=Do not know		<input type="text"/>
S17	Is this nearest health care unit capable of providing appropriate solutions to most of the health problems faced by your household? 1=Yes 2=No		<input type="text"/>
S18	Broadly speaking, what is the level of satisfaction as concerns health care services provided by the nearest health care unit to your household? (Only circle a single answer) 1=Satisfied 2=Indifferent 3=Not satisfied If S18=1 or 2 → S20		<input type="text"/>
S19	State the reasons of your non-satisfaction with regard to health services provided within the health care unit you attend? (several answers are possible)	1=Yes 2=No A. Far distance to access the health care units B. Poor quality of services provided C. Insufficiency of existing health care units	<input type="text"/> <input type="text"/> <input type="text"/>

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

Section IV. EDUCATION

	Education cycle →	<i>Nursery</i>	<i>Primary</i>	<i>Secondary</i>	<i>Vocational training</i>
E01	Is your village/quarter provided with an education cycle « Name of the said cycle »? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E02	How many children from your household attend the nearest school? (name of the cycle) (write down the number in front of each cycle)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E03	How many Kilometers do children from your household cover, on average, to go to school? (name of the cycle)? 1=Less than 1 Km 2=Between 1 and 5 Kms 3=Over 5 Kms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E04	What is, on average, the time spent covered by children from your household to reach the nearest school on foot? (name of the cycle) (estimated in minutes)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E05	Is the school (name of the cycle) attended by children from your household provided with a complete cycle? 1=Yes 2=No		<input type="text"/>	1st cycle <input type="text"/>	2 nd cycle <input type="text"/>
E06	Is the vocational training center attended by children from your household provided with a complete workshop deemed suitable to their various trades? 1=Yes 2=No 3=Does not know				<input type="text"/>
E07	Is the school (name of the cycle) attended by children from your household provided with a class-room per class level? 1=Yes 2=No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E08	Are all the children seated on a bench in the school (name of the cycle) attended by children from your household? 1=Yes 2=No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E09	Are school textbooks distributed to pupils in the school (name of the cycle) attended by children from your household?	<input type="text"/>	<input type="text"/>		

	1=Yes 2=No				
E10	How many student does a classroom attended by children from your household contain (name of the cycle)? 1=Less than 30 3=Over 60 2=Between 30 and 60 4=Does not know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E11	How do you assess the frequency of the attendance of teachers in the class-room(s) (name of cycle) in which the children from your household are enrolled? 1=Regular 2=Averagely regular 3=Irregular	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E12	How much do you pay per child from your household on average (registration, tuition fees, Parent-teacher associations' fees (PTA) (name of the cycle) throughout a school year? (write down the average amount)	----- (estimated in FCFA)	----- (estimated in FCFA)	----- (estimated in FCFA)	----- (estimated in n FCFA)
E13	How do you appraise such amount? 1=High 2=Affordable 3=Insignificant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E14	In addition to the fees, has your household paid additional fees to the personnel of the school (name of the cycle) prior to the enrolment of children from your household in school? 1=Yes 2=No If no → E16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E15	Were you obliged to pay such additional fees to the school (name of the cycle) 1=Yes 2=No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E16	<p>When classroom in the school of (name of the cycle) attended by children from your household need repairs, Who does the repairs? 1=Yes 2 =No</p> <p>A. Parents-Teachers' Associations (PTA)</p> <p>B. The Mayor (Council)</p> <p>C. A village organisation</p> <p>D. 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"/>
E17	<p>In general, what is your level of satisfaction with regard to education services provided in the (name of the cycle) your village? (Only a single answer is possible) 1=Satisfied 2=Indifferent 3=Not satisfied. If 1 or 2 → E19.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E18	<p>State the reasons of your non-satisfaction in connection with the basic education services provided in (name of the cycle) in your village?</p> <p>(Several answers are possible)</p> <p>Any other reason? 1=Yes 2=No</p> <p>A. Far distance to access the education service</p> <p>B. Insufficiency of class-rooms</p> <p>C. Insufficiency of equipments</p> <p>D. Insufficiency of schools</p> <p>E. Insufficiency of teaching Staff</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section V. COUNCIL SERVICES

<p style="text-align: center;">Council Services</p> <p style="text-align: center;">↓</p>	<p>C01 Have you requested for a specific service to the council (name of the service) during the last 12 months, notably since..... ?</p> <p>1=Yes 2=No</p> <p>following service →</p>	<p>C02 How were you received during your last time at the council? (Choose only one answer)</p> <p>1=Well 2=Indifferent 3=Bad</p>	<p>C03 After how much time did you obtain the service requested from the Council?</p> <p>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</p> <p><i>If C03=1 2, 3, 4 or 5</i></p> <p>→ C04</p>	<p>C03a</p> <p>Since when did you ask for this service? (in day)</p>	<p>C04 How do you assess this waiting time?</p> <p>1=Reasonable 2=Long 3=Very long</p> <p><i>If C04=1</i> → C06</p>	<p>C05 If C04=2 or 3, If the time were deemed so long, what could be the problem according to you?</p> <p>1=Unavailable staff /absent 2=Absence of working material 3=Corruption 4=Other factors (to be specified)</p> <p>_____</p>	<p>C06 Did you have to pay a tip in order to obtain the said service?</p> <p>1=Yes 2=No</p>
Issuance of birth certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certification of official copies of documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approval of localisation plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (to be specified) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 services provided by the council? (choose only a single answer) 1=Satisfied 2=Indifferent 3=Not satisfied If 1 or 2 → C15						<input type="checkbox"/>
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					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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