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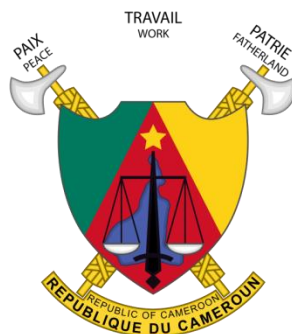
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**DEPARTEMENT DU  
KUPE- MANENGUBA**

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**COMMUNE DE NGUTI**



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**SOUTH WEST REGION**

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**KUPE- MANENGUBA  
DIVISION**

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**NGUTI COUNCIL**

## ***SURVEY REPORT***

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



**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 ABBREVIATIONS**

AJESH	AJEMALEBU SELF HELP
CCPA	CITIZEN CONTROL OF PUBLIC ACTION
CDE	CAMEROUNAISE DES EAUX
CRC	CITIZEN REPORTING CARD
CSO	CIVIL SOCIETY ORGANISATION
DO	DIVISIONAL OFFICER
MINATD	MINISTRY OF TERRITORIAL ADMINISTRATION AND DECENTRALIZATION
MINEDUB	MINISTRY OF BASIC EDUCATION
MINEE	MINISTRY OF WATER AND ENERGY
MINEPAT	MINISTRY, OF ECONOMY PLANNING AND TERRITORIAL DEVELOPMENT
MINESEC	MINISTRY OF SECONDARY EDUCATION
MINSANTE	MINISTRY OF PUBLIC HEALTH
NIS	NATIONAL INSTITUTE OF STATISTICS
PNDP	NATIONAL COMMUNITY- DRIVEN DEVELOPMENT PROGRAM
PTA	PARENT TEACHERS ASSOCIATION

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## FOREWORD

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.

The Nguti council with financial and technical support from PNDP in 2017, embarked on an initiative to carry out a Citizen's Control of Public Actions (CCPA) otherwise also known as the Scorecard or Citizen's Report Card; aimed at capturing the perception of local people on the services rendered by some 4 public institutions in the municipality. The targeted sectors are the hydraulics, health, education (basic and secondary) and the services rendered by the council.

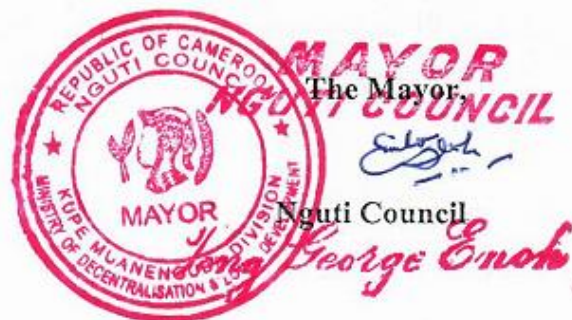
Ajemalebu Self Help (AJESH), a Local Support Organisation (LSO) with head office in Kumba, was selected to carry out the survey and do the reporting while the National Institute of Statistics developed the sampling methodology, analyzed the data collected and produced tables used for the reporting.

Despite the not too good socio-political environment prevailing in the municipality at the time, field data collection went on with no major problems. A draft report was produced and restituted to stakeholders who enriched it and the final report produced

Very vital results were obtained and will be exploited by the sectors concerned for the improvement of the services rendered to the public. We are confident that equipped with the results obtained, the Nguti council will steer the municipality towards achieving its development goal while ensuring that communities benefit more from the services of the sectors evaluated.

We hope to cover other decentralised sectors not reached by this funding in the near future and express our heartfelt thank to PNDP, NIS, AJESH and other stakeholders that rendered this project successful.

We wish you all a happy reading..



## **EXECUTIVE SUMMARY**

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

The main aim was to support the council in realizing a citizen control mechanism of the activities of the council. The citizen control of public actions (CCPA) also had as objectives after the realization of the Scorecard to promote governance, increase effectiveness of public actions, and enhance the capacities of vulnerable population and the underprivileged persons to make known their problems. More specifically, the CCPA aimed at;

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

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

- Putting in place coordination and execution bodies at the National, Regional and Council levels.
- Organize a workshop at the National and Regional levels to bring together institutional actors who can contribute to the institutionalization of this operation (MINEPAT, MINATD, UCCC, MINSANTE, MINEE, MINEDUB, MINESEC, NIS, etc.)
- Collect, process analyze data and produce reports.
- Disseminate information / knowledge acquired and negotiate the changes with target councils.

The following recommendations were made based on the results of the finding:

### **WATER SECTOR**

- Construction of more water collection points
- There should be an improvement in the quality of water supplied

- CAMWATER should be involved
- The water collection points should be under survey time by time and an increase in the hygienic condition of the points
- The population should promptly report cases of damages to the relevant quarters.

## **HEALTH SECTOR**

- Reduction in the cost of consultation and drugs.
- More health facilities should be provided.
- Improvement of the quality and quantity of health equipment.
- Frequent maintenance should be done within the health facilities.
- Deployment of more health personnel.
- Provision of more drugs in the health facilities.

## **EDUCATIONAL SECTOR**

- Follow up should be done on the PTA (PARENT TEACHER ASSOCIATION) committee since PTA teachers are not being paid regularly
- Provision of more qualified staff
- Provision of more classrooms, tables and desks
- Ensure the regularity of teachers in class
- The school fee should be reduced

## **COUNCIL SECTOR**

- The population should be involved in decision making
- Greater transparency in the management of council projects and budgets
- There should be visibility in municipal actions
- Check staff absenteeism, corruption and poor reception of the population
- The availability of the mayor and his assistants should be taken into consideration

**Conclusion:** Though the project was carried out under socio-political conditions that were not very favorable, it proved to be very necessary as it is very important in regulating actions in the various sectors.

## **GENERAL INTRODUCTION**

The National Community-Driven Development Program (PNDP) is a tool designed in 2004 by the Government with the support of its technical and financial partners with a view to improving on the living conditions of the populations in rural areas on the one hand, and to boost the decentralization process, on the other hand. This policy which is spearheaded by the 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 through the Scorecard approach. It is worth noting that such a mechanism dwelled, on one hand, on the conduct of a populations' perception survey in connection with the council's public assets and services delivered, and on the other hand, on the dissemination of the results derived from such an operation in a bid to obtain significant changes in terms of quality as concerns public assets and services delivered by the council. Such an operation 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 constitutes a must as one of its indicators is in correlation with the « Number of councils that have already implemented an operational citizen control and information access mechanism ».

As a result, the Program undertakes to set up a citizen mechanism aimed at controlling public action within 160 councils nationwide that should be considered as the target of the above-mentioned indicator. Through the present process, the Program not only intends 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 is being conducted based on the quality of public services delivery within the council environment, especially in the hydraulic, health and education sectors. The said survey is equally intended to dwell on services delivered by the Nguti council.

# **CHAPTER 1:**

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

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

The pace of the process of decentralization in a given context unavoidably depends on the degree of favorableness of the legal environment and the dynamism of stakeholders (especially of local authorities, the state, development cooperation partners and civil society). This paper seeks to inform on the state of the process in Cameroon by exposing its current legal environment, its constraints and the level of organization of its key actors in relation to the legal environment. Drawing from this assessment, the paper assesses the shortcomings of the decentralization process in Cameroon while arguing that the objective for embarking on decentralization in each context varies with its promoter. In the case of Cameroon, decentralization constitutes the legal, institutional and financial means through which regional and local authorities operate to foster local development with the active involvement of the population. Through the devolution of powers to local entities, local development could be enhanced and a contribution made to the fight against poverty. The assessment of the legal framework and of its stakeholders shows that the decentralization laws passed in 2004 in Cameroon have local development and governance as their main thrust. The new laws certainly create an environment that represents an irreversible step forward for the process of decentralization but are in need of completion by the passing of legal instruments of application for them to effectively accelerate the pace of the decentralization process and good governance. There is also need for better organization and coordination of interventions of the stakeholders. The process is currently hampered by especially financial constraints on local authorities and limited capacities of the actors and beneficiaries of devolved powers. The paper concludes with a plea in favour of inter alia the strengthening of the capacities of all stakeholders through an approach that is sustainable if the objective of decentralization is to be met.

- Decentralization is the **Transfer** by the State to decentralized territorial entities, particular competences with suitable means. (*Article 2 (2) L017*).
- Decentralization constitutes the fundamental axis for the promotion, development, democracy and good governance at the local level (*Article 2 (2) L017*).
- This transfer of competences is exerted in a **progressive** manner by the State and the local authorities (*Article 15 L017*).

#### 1.1.1 Decentralization scale in Cameroon

- Cameroon is divided into 10 administrative regions, each divided into divisions, and divisions into sub-divisions. Each administrative region is placed under the jurisdiction of a governor appointed by the head of state. The number of local governments amounts to 376 councils, including 14 city councils, and 42 sub-divisional councils within the cities (CLGF, 2013).
- At the national level, the Ministry of Territorial Administration and Decentralization (MINATD) has responsibility for relations between central and local government, including the power to suspend local authorities in the case of emergencies. (CLGF, 2008)
- Councilors are elected through universal suffrage for a five-year term. While councils and sub-division councils are headed by a mayor directly elected by councilors, city councils are headed by a government delegates appointed by the president (CLGF, 2013).
- The Ministry of Territorial Administration and Decentralization (MINATD) is responsible for relations between the central and local government. It also oversees the regional and local authorities and their decentralization policies (CLGF, 2013).

#### 1.1.2 Key initiatives for participatory local governance

- The 1972 Constitution and the Poverty Reduction Strategy of 2009 both identify local governance as a means of improving service delivery, accountability of officials, regional tensions, inclusion, and environmental management (World Bank, 2012).
- The 1996 constitution recognizes the decentralized nature of the State and officially established the Region as a regional and local authority (Constitution of Cameroon, 1996).
- In 2004, several laws were passed to finally lay down a legal framework of decentralization which includes a transfer of competence to local entities. These 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.
- This devolution included financial, material and human means as well as the establishment of the National Council for Decentralization, and an Inter-Ministerial Committee for Local Services (Cheka, 2007).

To further promote the decentralisation process in Cameroon and precisely on the 2<sup>nd</sup> of March 2018, the president of the republic reorganized the former Ministry of territorial administration and decentralization, creating a new ministry only for decentralisation and local development called the Ministry of Decentralisation and local Development (MINDEVEL).

### **1.1.3- Challenges for participatory local governance**

- The World Bank states that Cameroon’s “legal framework relating to decentralization is overlapping, cumbersome and contradictory, and in many respects open to different interpretations. The main difficulty is that decentralized functions are ill-defined and not distinct from ‘decontracted’ operations of the central government” (World Bank, 2012).
- Despite strong decentralization legislation, Cameroon lacks an effective strategy and an operational plan for decentralization (World Bank, 2012).
- A small budget of municipalities often leads to a lack of qualified staff resulting in obstacles to exercise tasks properly. This is especially the case if there is a lack of work organization or technical management teams (Desbrosses, 2014).
- In 2008, constitutional amendments provided for an intermediary provincial/regional level of local government. However, this has not yet been realized (CLGF, 2013).

## **1.2 PROMOTION OF LOCAL DEVELOPMENT**

Local governance comprises a set of institutions, mechanisms and processes through which citizens and their groups can articulate their interests and needs, mediate their differences, and exercise their rights and obligations at the local level. The building blocks of good local governance are many: citizen participation, partnerships among key actors at the local level, capacity of local actors across all sectors, multiple flows of information, institutions



of accountability, and a pro-poor orientation<sup>1</sup>. Local governance emphasizes the need to look beyond the narrow perspective of legal frameworks and local government entities. It seeks to include the multiplicity of formal and informal relationships between different actors in development (e.g. local government, the private sector, associations, de-concentrated agencies, CSOs) that shape and influence the output and effectiveness of political and administrative systems at a sub-national level. In Nguti Council, there are many sectors on which the council promotes local development.

#### **1.2.1 Health**

The council is working to improve the health standards of the populations, by 80% with modern health services and 40% reduction of infant and maternal mortality rates. It intends activities like reinforced transportation access available to all villages, increase access to quality healthcare, increased qualified health personnel, increased health infrastructure and equipment. Also, increase facilities (water, electricity, trees, fence, transportation, Latrines), improve Health policy and the Decentralization process.

#### **1.2.2 Water**

The council is working to rehabilitate, extend water supply system and setting up of a water resource management committee. He also makes the unit cost of water affordable for households to connect. As there is sufficient water the whole year in the catchment, there is need to promote consumption of water from treated sources to avoid prevalence of water borne disease, extend pipe borne system to the community, repair of non-functional taps and sensitization of the public on good/treated drinking water sources.

### **1.2.3 Education**

In the education sector, the maintenance of existing structures is ongoing and an efficient management board to manage school property is gradually set. More over, there is a need for trained teachers, construct additional classrooms, provide desks, laboratory equipment and didactic materials, construct toilets, water infrastructures and other basic hygiene and sanitation services. Council is working together with communities to improve teachers living conditions by providing them houses that will attract them to stay.

## **1.3 BRIEF PRESENTATION OF NGUTI COUNCIL**

Nguti Council is located in the Nguti Sub – Division in Kupe Manenguba Division of the South West Region of Cameroon. The Council is located at 05.32902° N and 009.42562° E at an altitude of 238m. It is bounded by Mamfe and Upper Bayang in the North, Konye and Tombel in the South, Mundemba in the West and the Littoral Region in the East.

### **1.3.1 Historical and administrative organization**

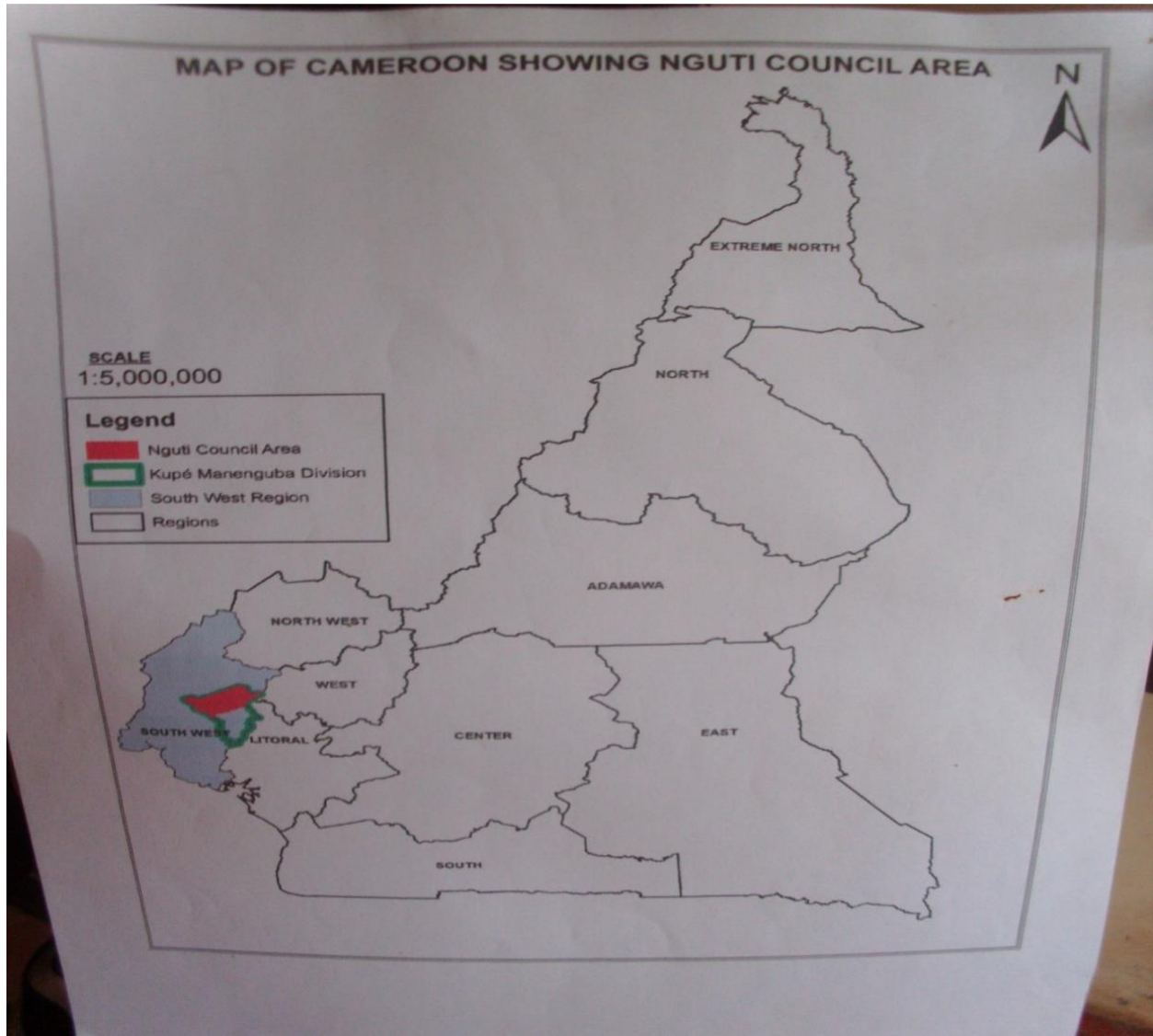
The Council was created in 1967 but only went operational in 1968. At the time of its creation, the council was run by the Divisional Officer. The first appointed Mayor was Chief Enoh Adamson Akule in 1985. The following have been Mayors, Mr. Achuo Peter, Mr Esapa Peter Besong, Mr. Nhon Mbome Joseph and now the current Mayor Mr. Tanyi George Ayompe.

There are 54 villages and four main clans in the Nguti Sub-Division. These include:

- The Mbo
- The Upper Balong
- The Bakossi
- The Bassosi

Of the 54 villages in the municipality, 26 are enclaved with very difficult accessibility and are commonly called the Mbo Hinterlands. The remaining 28 villages are the Upper Balongs (8 villages), the Basossi (11 villages) and the Bakossis (9 villages). These ethnic groups are further divided into Nine (9) clans. These include: The Upper Balong; The Bebum; The Basossi; The Ngemengoe; The Aboh Agoe; The lower mbo, The Bangué; the Nkongho mbeng and The Upper

Nkongho. The Council has a surface area of 1444km<sup>2</sup> and a population of 67,218 people. It is comprised of 54 chiefdoms 2 second class chiefdoms in Nguti and Talangaye; and 52 third class chiefdoms).



**Map 1: Location map of Nguti council**

The population of Nguti has various reasons for mobility and many places to move to. However, populations from the different villages move to Nguti more often than the movement of the Nguti Central population to the various villages. Most of the people move to the various villages to visit

their families or any other family reason. The most frequent place of mobility is Manyemen because of its highly reputed Medical Institute.

**Table 1: Population statistics in 2015**

ADMINISTRATIVE UNIT	Total Population	Male	Female
Total population	27 151	13 694	13 457
URBAN AREA	4 560	2 388	2 172
RURAL AREAS			
Nguti	22 591	11 306	11 285

### 1.3.2 Economic aspects of the council

The following economic activities are carried out

- Agriculture mainly farming
- Animal Husbandry and Fishing
- Hunting
- Forest, Exploitation
- Craftsmanship
- Commerce, mainly petit trading
- Provision of services, mainly transportation
- Professional services, mainly health and civil service and
- Wood transformation
- 

### 1.3.3 Description of the biophysical environment

- **Relief**

Hills, steep slopes, deep valleys, low lands, rugged and undulating surfaces. The dominant physical feature of the municipality is huge tropical forest mixed with secondary and primary forest.

- **Wildlife**

The forests are home to several types of primates especially the monkeys and also elephants. There are also the bush pigs, porcupine, cutting grass, birds of assorted types including the parrot.

- **Flora and Vegetation and Protected Areas**

The biodiversity is great with hundreds of species. There are several protected areas particularly the Bayang Mbo sanctuary; the Korup and the Bakossi Park. Others include village traditional protected sites for cultural activities.

- **Climate**

Generally, of the equatorial type with two main seasons; a short dry season of about four months [November to February] and a long rainy season [March to October] wet most of the season with an average temperature of 25oc to 35oc. The rainfall is unevenly distributed in the municipality. The relative humidity is very high above 75%. The short dry and long rainy season, high temperatures, high rainfall, high relative humidity are suitable for diverse agriculture.

- **Soils**

The Soils are very fertile in the Rumpi hill areas but of reduced fertility in the Mbo areas. There are various types of soils ranging from laterite, sandy, humous and clay and are generally acidic which are suitable for farming especially the cultivation of cocoa, coffee, banana, oil palm, rubber and a great variety of food crops such as plantains, cocoyams, yams cassava, egusi, maize, pineapples.

- **Water Resources**

Several small streams and rivers some all year round and others dry up in the dry season. Some have waterfall of small and medium sizes suitable for water systems by gravity as the case in Talan Gaye and hydroelectricity in Nguti.

- **Gazette Forests**

The Nguti Council forest and 02 Community forests.

- **Sensitive zones**

There are several swampy areas found here and there in the human settlement areas.

- **Mineral Resources**

There are huge quantities of sand, but no report of the presence of minerals such as gold, bauxite or iron ore.

- **Natural and Touristic Resources**

The Nguti municipality is characterized by biodiversity rich forests and lakes. Natural resources in Nguti include primary and secondary forests, rivers, lakes, streams, waterfalls, and wildlife. The Nguti forests are characterized by a high diversity of flora (with NTFP plants like Njansang, Bush mango, eru, bitter cola, country onion and pebbe) and fauna such as elephants, moneys, gorillas and deers etc. Some of these natural resources have become touristic sites and attract a lot of tourists but the ecotourism section has not yet been developed. These touristic sites include the following

1. Bermin crater lake
2. Bambe Escarpment
3. Bayang Mbo sanctuary
4. Elephant market
5. The Bake water fall could be a good touristic site but access to the site is still a challenge.

## **CHAPTER 2**

### **METHODOLOGICAL SYNTHESIS OF THE SURVEY ON CITIZEN CONTROL OF PUBLIC ACTIONS IN THE COUNCIL OF NGUTI**

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

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

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

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

Thus, a populations' perception survey is expected to be conducted based on the quality of public services delivery within the council environment, especially in the hydraulic, health and education sectors. The said survey is equally intended to dwell on services delivered by the council.

## **2.2 OBJECTIVE AND METHODOLOGY OF CCPA**

### **2.2.1 Objectives**

#### **- Main objective**

This survey main objective is to capture the population's perceptions about their level of satisfaction with public service delivery in the targeted sectors, with a view to setting up a citizen control mechanism of public achievements throughout the council environment.

#### **- Specific objectives**

More specifically, this survey is intended to shed light on:

- (i) The indicators relating to the appraisal of the provision of water supply services
- (ii) The indicators relating to the appraisal of the provision of health services
- (iii) The indicators relating to the appraisal of the provision of education services
- (iv) The indicators relating to the appraisal of the provision of council services

### **2.2.2 Methodology of Citizen Report Card (Crc)**

Citizen Report Cards (CRCs) are participatory surveys that solicit user feedback on the performance of public services. But they go beyond being just a data collection exercise to being an instrument to exact public accountability through the extensive media coverage and civil society advocacy that accompanies the process.

Citizen Report Cards are used in situations where demand side data, such as user perceptions on quality and satisfaction with public services, is absent. Starting from their original context of

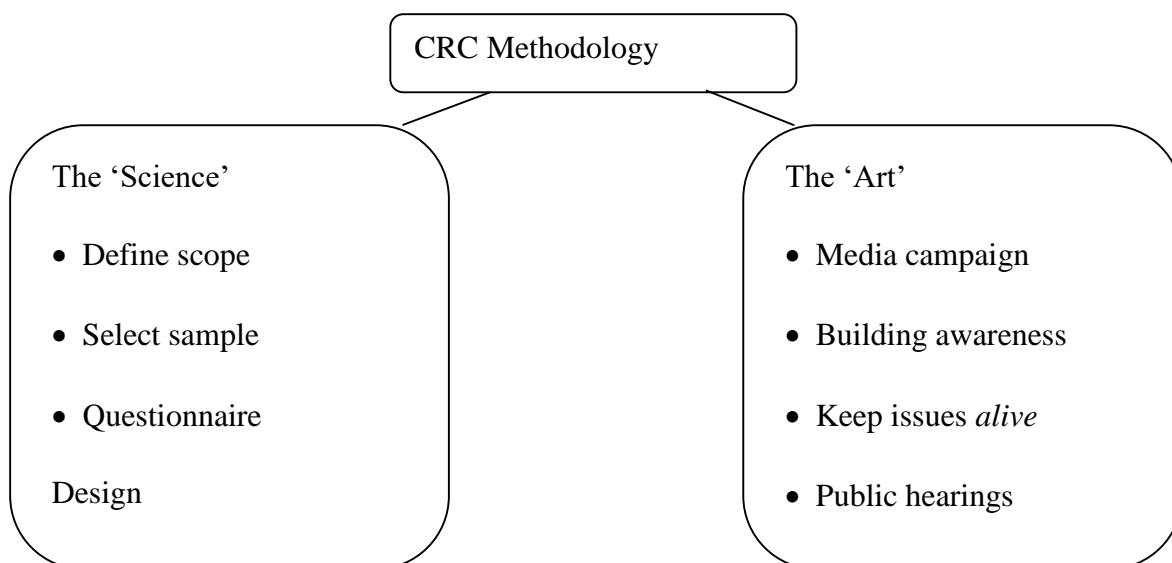


evaluating council services, CRCs have been applied in different geographic and sectorial contexts – the common theme being to use a survey that captures the perception of citizen in a comparative manner to demand responsiveness.

### 2.2.2.1 Information Generated

- Access: how many have access-disaggregated by locations, gender, age, socioeconomic group
- Usage: what extent it is used, where not used and why
- Quality: how satisfying, useful, relevant is the service
- Reliability: delivered to stipulated schedules
- Incidence & types of problems: how often do they experience problems; do users complain and to whom, is they a good complaint management system; how rapidly is the problem solved
- Responsiveness of Service Providers: responding to user service requirements
- Hidden Costs (unauthorized payments, undue distance, inconvenient delivery schedules/mechanisms) Willingness to pay
- Transparency in service provision (norms and standards disclosed)

A CRC initiative is a process that goes beyond the execution of a survey. It is part ‘science’ – the technical aspect of running an efficient and credible survey, -and part ‘art’ – the challenge of mobilizing an advocacy strategy that can foster debate and generate results (see fig.1).



**Figure 1: Running a CRC initiative**

#### **2.2.2.2 Key Steps**

- Understand socio-political context, barriers and determine potential mitigation measures
- Identify key service challenges through Focus Group Discussions (Providers & Users)
- Finalise Scope, Objectives and Outputs
- Agree management and communications approach
- Prepare Survey Tools including Framing of a Scientific Sample
- Conduct Survey- using local NGOs/institutes/firms
- Code, Analyse & Interpret Data
- Rate Services
- Validate findings – through focus group discussions
- Prepare Recommendations and Communicate Results
- Prepare Post-Survey Action Plan

#### **2.2.2.3 Organization of the Survey**

This survey which is spearheaded by the National Community-driven Development Program (PNDP) should be considered as a step aimed at strengthening the populations' involvement in the management of local public affairs. To that end, PNDP has hired Civil Society Organizations (CSOs) in a bid to collect data. Its' analysis will contribute to strongly advocate for an increased mainstreaming of the populations' needs at the grassroots level into the interventions of development actors/stakeholders throughout the council territory. A CSO's team is therefore composed of one Official, Council Supervisors and ten (10) surveyors. On the whole, 19 CSOs have been retained within the framework of the on-going survey.

In general, an enumerator shall be entrusted with the following responsibilities:

- Spot the sampled housing units as well as households, then fill out the household questionnaire
- Negotiate appointments and conduct household interviews;
- Verify the completed interviews so as to ensure that all questions have been asked and that responses have been clearly and legibly recorded;

#### **2.2.2.4 Role of the surveyor**

The surveyor plays a prominent part as far as the survey is concerned, especially in the sense that he/she is the one in charge of collecting data from the target population. Consequently, the success of the survey highly depends upon the quality of his/her work.

In general, a surveyor shall be entrusted with the following responsibilities:

- Spot the sampled housing units as well as households, then fill out the relating questionnaire;
- Negotiate appointments and conduct households' interviews;
- Verify the completed interviews so as to ensure that all questions have been asked and that responses have been clearly and legibly recorded;
- When and where possible, go back to the households in a bid to complete the interviews.

#### **2.2.2.5 Scope of the survey**

The geographic scope of this survey focuses on the entire councils which were voluntarily selected for the establishment of a citizen mechanism aimed at controlling the public action. The distribution of the number of councils per region is given in the annexed table.

#### **2.2.2.6 Observation units**

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 shall mean 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.

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

### **2.3.1 Samples**

During the design of the citizen report card method the sample also has to determine scientific sampling allows the researcher to make accurate inferences about a larger population, estimations and testing of hypotheses. A decision has to be taken about the king method or sample as well as about the size of the population. Information needs, desired level of confidence and the available resources are aspects that need to be considered while decision jupon the sample size. Sampling follows the following main steps: definition of household, census of sample, sample design, sample size and sequential sampling.

#### **2.3.1.1 Field of the survey and targeted population**

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) as show in the table.

**Table 2: List of area selected**

Villages	ZD selected for scorecard	Number of household selected in ZD for Scorecard	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Grammar School	1	16	1	2	3	4	5	21	22	23	24	25	41	42	43	44	45	1
St Marry	2	16	16	17	18	19	20	41	42	43	44	45	61	62	63	64	65	14
Miansong	3	16	6	7	8	9	10	26	27	28	29	30	41	42	43	44	45	3
Miegaja	4	16	11	12	13	14	15	46	47	48	49	50	81	82	83	84	85	5
Cassava farm	6	16	1	2	3	4	5	31	32	33	34	35	66	67	68	69	70	96
Ekenge	701	16	16	17	18	19	20	46	47	48	49	50	81	82	83	84	85	8
Manyemen	702	16	1	2	3	4	5	51	52	53	54	55	96	97	98	99	100	146
Manyemen II	705	16	26	27	28	29	30	81	82	83	84	85	141	142	143	144	145	14
Sikam	706	16	41	42	43	44	45	86	87	88	89	90	131	132	133	134	135	29
Babensi II	707	16	21	22	23	24	25	76	77	78	79	80	131	132	133	134	135	14
Mungo Ndor	710	16	51	52	53	54	55	121	122	123	124	125	186	187	188	189	190	40
Bambe	711	16	1	2	3	4	5	46	47	48	49	50	91	92	93	94	95	136
Babubock	714	16	11	12	13	14	15	36	37	38	39	40	61	62	63	64	65	4
Etodi	716	16	36	37	38	39	40	81	82	83	84	85	126	127	128	129	130	25
Tabongkwa	718	16	1	2	3	4	5	51	52	53	54	55	106	107	108	109	110	161
Fowung	719	16	56	57	58	59	60	116	117	118	119	120	176	177	178	179	180	41
Mbemfe	721	16	26	27	28	29	30	61	62	63	64	65	91	92	93	94	95	19
Mbetta	723	16	6	7	8	9	10	31	32	33	34	35	61	62	63	64	65	91
Nzorbi	725	16	21	22	23	24	25	51	52	53	54	55	81	82	83	84	85	14
Fonki	726	16	51	52	53	54	55	106	107	108	109	110	161	162	163	164	165	40

Source: EC-ECAM 4

### 2.3.1.2 Sample size

**Table 3: Number of household per area in Nguti**

<b>Villages</b>	<b>EA numb</b>	<b>Expected number household for scorecard</b>	<b>Actual number of households selected</b>	<b>Type</b>
Grammar School	1	16	15	Rural
St Marry	2	16	15	Rural
Miansong	3	16	15	Rural
Miegaja	4	16	13	Rural
Cassava farm	6	16	15	Rural
Ekenge	701	16	15	Rural
Manyemen	702	16	15	Rural
Sikam	706	16	15	Rural
Babensi II	707	16	15	Rural
Mungo Ndor	710	16	15	Rural
Bambe	711	16	15	Rural
Bejange	714	16	0	Rural
Manyemen II	705	16	15	Rural
Etodi	716	16	15	Rural
Tabonkwa	718	16	15	Rural
Fowung	719	16	13	Rural
Mbemfe	721	16	5	Rural
Mbetta	723	16	14	Rural
Nzorbi	725	16	15	Rural
Fonki	726	16	15	Rural
			270	

### 2.3.2 Data collection

#### 2.3.2.1 Data collection tools

The main data collection tool of this survey is the household questionnaire. It is broken down into five (5) sections, the first of which focuses on background information, the second on water supply, the third on health, the fourth on education and the last on services provided by councils. Such a questionnaire will be incorporated into a tablet which will therefore serve as the main data collection support. The total number of questionnaire administered was 319 by 14 data collectors,

the total number of questionnaires that were fully filled were 223 the number of questionnaires that were partially filled were 16 in number and 80 out of the total number of questionnaires were not filled

The questionnaire had 05 sections on the various development sectors on which citizen had to give their perception. It includes **Background information** that contains information on the household, respondent, data collection team as well as on the survey's results. **Potable water** which deals with the knowledge and appraisal of water provision through public services in the locality. **Health** deals with the perception of health services provision within the council. **Education** deals with the knowledge and appraisal of the education services. **Council services** that aim to collect data about the council services delivered the manner in which the population appraises such services, as well as the involvement of the latter in the functioning of the council.

**Table 4: An analysis of the questionnaire administered in Nguti**

S/N	Name of Data collector	Total number of questionnaires	Number completely filled	Number partially filled	Number not filled
1	Esau Heriberth	32	26	0	6
2	Ewunzu Oliver	16	16	0	0
3	Otimbili Lucy	16	12	0	4
4	Kang Louis	32	32	0	0
5	Tambe Estella	31	28	1	2
6	Elad Zacharias	32	16	0	16
7	Ketcheu Hannah	16	9	1	6
8	Elomba Etouke Victor	32	8	1	23
9	Egwon Jean-Pierre	16	4	7	5
10	Sambi Florah Nkongho	16	15	0	1
11	Elad Clovis	32	21	0	11
12	Tuku Honorine	16	13	3	0
13	Abali Kervin	16	8	3	5
14	Bego Fogue Christelle	16	15	0	1
Total		319	223	16	80

### **2.3.2.2 Data collection**

#### **i) Training of agents for data collection**

More detailed training occurs with selected investigators, who should understand the different actions that can bias data collection. An overview of the sampling design should be shared with the investigators; the agreed process for household selection should be clearly communicated to supervisors and investigators. Some points to be highlighted during this session are as follows:

The training of data collectors in the Nguti council area took place at the council conference hall from the 16<sup>th</sup> to the 17<sup>th</sup> of October 2017 with all 15 trainees present.

It all started at 9:00 am with an opening prayer led by one of the participants. Next was a presentation of the day's program that was validated by members present. This was done by the council supervisor. After the validation of the training program then came time to present the goal of the project, the specific objectives and the training, the advantages, the activities, the expected results, the timing and the methodology.

The presentation of the project was closely followed up by a presentation of tips on how to carry out a successful interview a presentation of the questionnaire that was done simultaneously with the presentation of the data collection manual. Both the manual and the questionnaires were read one line after the other and trainees intervened with questions when they did not understand well.

The presentation of the questionnaires and manual was revisited to ensure that the participants actually mastered the documents. Next was the presentation of the technical document. Each technical document was read out and trainees were shown how to identify households using the documents. The trainees were then assigned their different localities for data collection and the number of questionnaire per person decided. Next was the testing of data collection in the field. 3 localities in Nguti town were selected and the 3 groups were assigned to go and collect data using the questionnaires in those localities.

#### **ii) Data collection**

With a selected and trained team of field enumerators and a preliminary sampling design in hand, the surveying process can begin. To carry out the full CRC survey:



- The field units should be taken to the correct location.
- The supervisor should know the number of households to interview in a location.
- The households to be interviewed should be either pre-selected using a sound sampling method or, if specified in the sampling design, systematic sampling with a random start should be carried out:
- When a listing of households is available:
  - The households to be interviewed are usually pre-selected.
  - The field supervisor ensures the investigators follow the sampling design.

The objectives of data collection were to:

- To collect data
- To supervise and ensure that the data collection process is effectively carried out;
- To assemble the data collection tools, report on the process and forward both the report and data collection tools to PNDP for analysis of the data collected.

Data collection in the council area effectively began on Monday the 23<sup>rd</sup> of October 2017. During that weekend, some data collection agents had already travelled to their destinations as it takes 2 days to reach some of the localities. The questionnaires and households consequently were distributed according to proximity to the locations and not equally. Some data collectors thus had more than others. Each of them however, had a maximum of 32 questionnaires and the maximum of data collection days was 6 excluding travelling days. The data collection exercise in the council area ended on Saturday the 28<sup>th</sup> of October 2017

The council supervisor for the Nguti council area in the person carried out supervision every 2 days during which he collected, verified and asked for rectification of any abnormalities in the completion of the questionnaires. As usual, supervision of those in highly enclave areas was through telephone calls but the questionnaires were well scrutinized on return of the data collectors to Nguti.

Despite all the challenges in the field, the ultimate goal was to ensure that the project was properly implemented and so a number of mitigating measures were put in place to counter the problems encountered in the field. These included: We recruited and sent data collection agents to their places of origin and coached them to be very tactful and diplomatic, avoiding any political

statements especially when handling interviewees and those seemingly very concerned with the civil unrest; Since data collectors were sent to their areas of origin, identification of households was not much of a problem even with documents that were not very legible; Data collectors had to travel to sacrifice to meet interviewees wherever they were as some were mentioned to be in some localities whereas they were actually in neighboring communities.

### iii) Exploitation of data

Starting the data entry process soon after the survey begins creates an opportunity to identify irregularities and to correct them while the fieldwork remains in progress. The data entry, analysis and interpretation process transforms the raw primary information collected from users into the official CRC findings.

Data can be entered and analyzed using one of a variety of data management software available. A basic spread sheet program like Microsoft Excel can generate cross-tabulations and basic linear regression models. The results from commonly available programs often provide enough statistical understanding for the CRC findings

With the creation of a database of citizen responses, it is time to generate the findings:

- Analyse the data collected
  - Produce the basic analysis tables
  - Create relevant cross-tabs to make further conclusions; and
  - Perform any additional levels of analysis
- Interpret the findings.

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

User perceptions was measured using quantitative analysis on the quality, efficiency, and adequacy of the various services delivered by local council are aggregated to create a 'report card' that rated the performance of all major service provided. The findings presented a quantitative measure of satisfaction and perceived levels of corruption, which, following coverage in the media, not only mobilized citizen and government support for reform, but also prompted the rated agencies themselves to respond positively to civic calls for improvement in services.

The indicator is intended to demonstrate one dimension of the quality of public services, namely satisfaction (not necessarily the same as quality) and provide an overview rather than detail on specific sectors. Satisfaction will be measured in relation to three specific types of public services where Nguti Council has a policy interest and where they have a high public importance. They are health services; water, education and general services from his own offices. The figures used for this indicator come from National Institutes of Statistic (NIS) which is a National Statistics product. The indicator on satisfaction with council services is derived using the question: «*Overall, how satisfied or dissatisfied are you with each of these council services?*». The three that were used for this indicator were local health services, education, water and council services:

- Very satisfied
- Fairly satisfied
- Neither Satisfied nor Dissatisfied
- Fairly Dissatisfied
- Very Dissatisfied
- No Opinion

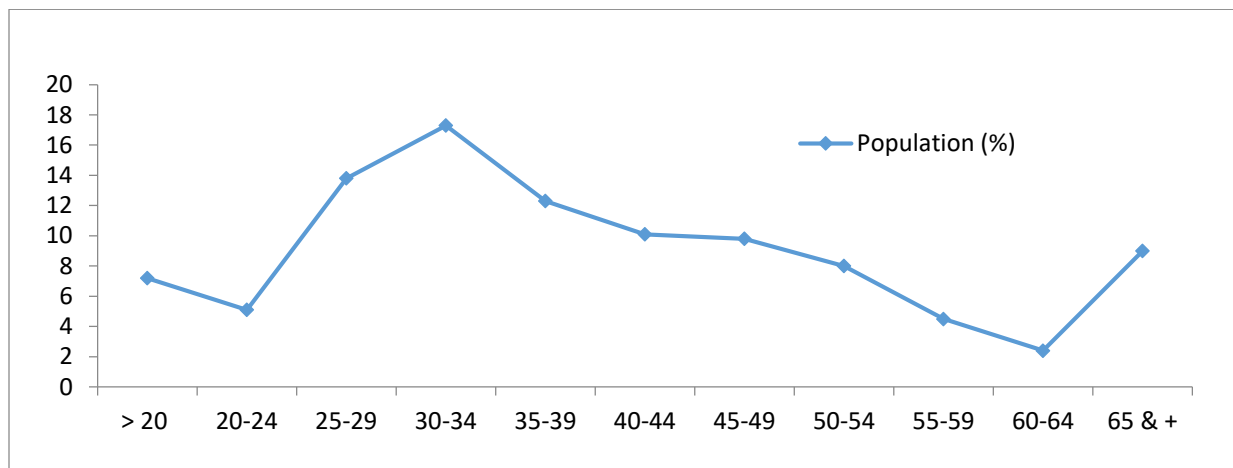
## CHAPTER 3:

### MAIN RESULTS AND SUGGESTED IMPROVEMENTS

#### 3.1 PRESENTATION OF THE SURVEYED POPULATION

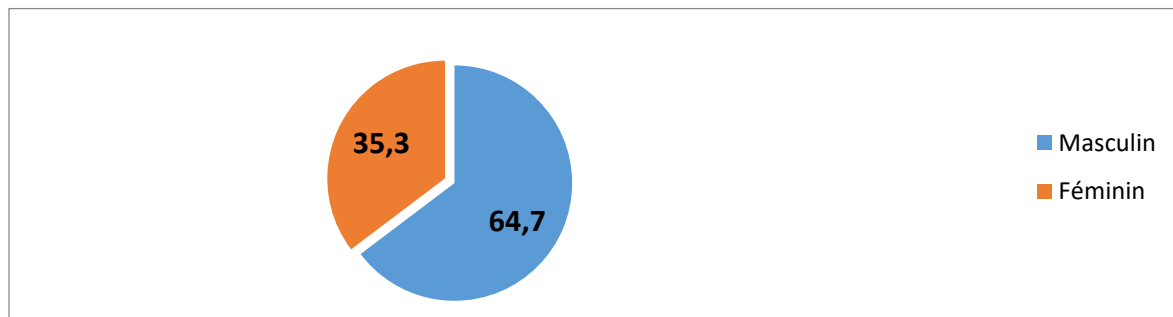
The surveyed population in Nguti where structure in to age group, sex and gender. It helps to understand the need in terms of quantity and quality for the populations.

Result on group is showing that lower population between 0 to 24 years, and 45-64 years while the one 25-40 is still high. This is showing that youthful population is more than the old. (fig.1).



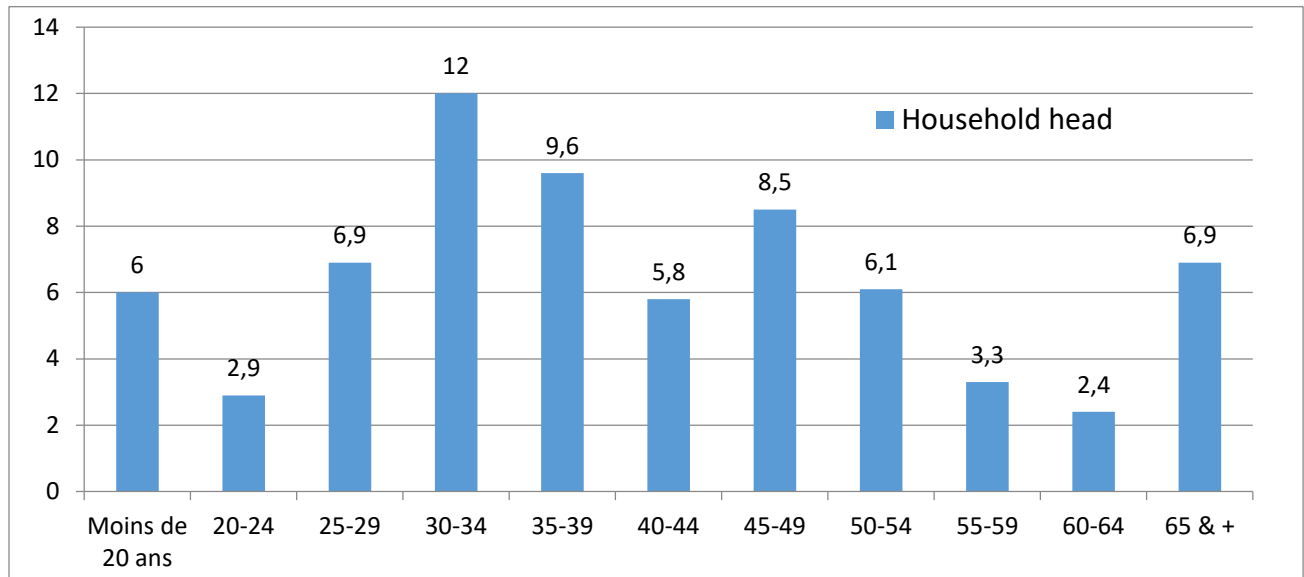
**Figure 2: Age group Sex distribution**

The sex distribution of population in Nguti shows that there are more men (64,7%) than women (35,3%)



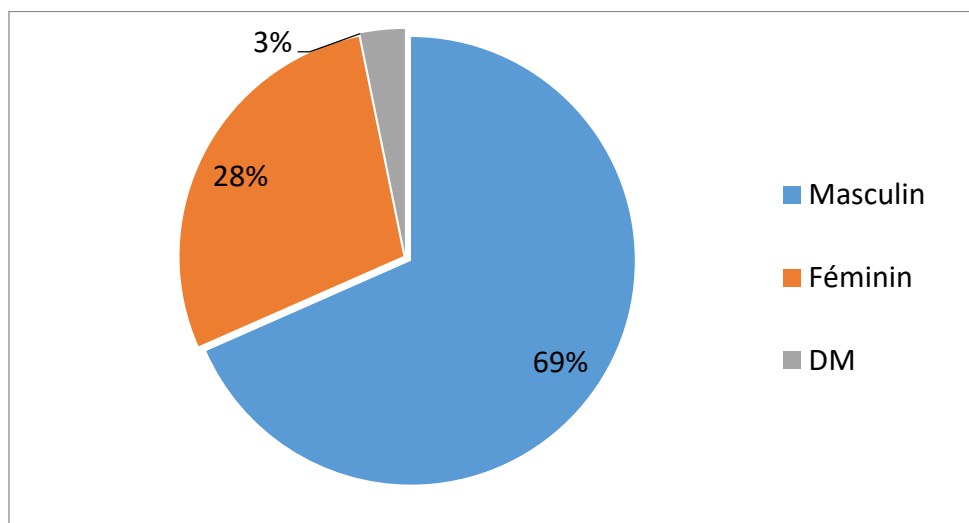
**Figure 3: Sex Age group - household head**

In Nguti, most of the household head are still young (12% 30-34 years). This is showing that the rate of population growth will face an increase. The labour force is still high and this may cause problems on the management of the available resources (fig 3).



**Figure 4: Average age of household head**

Besides the youthful age of the household, most of them are men (68%), and women are just (29%).



**Figure 5: Gender of the household head**

If we have fewer women, it is because the level of married men is still low and most of the women living in the village are mostly the old one. Most of the young women live out of the village.

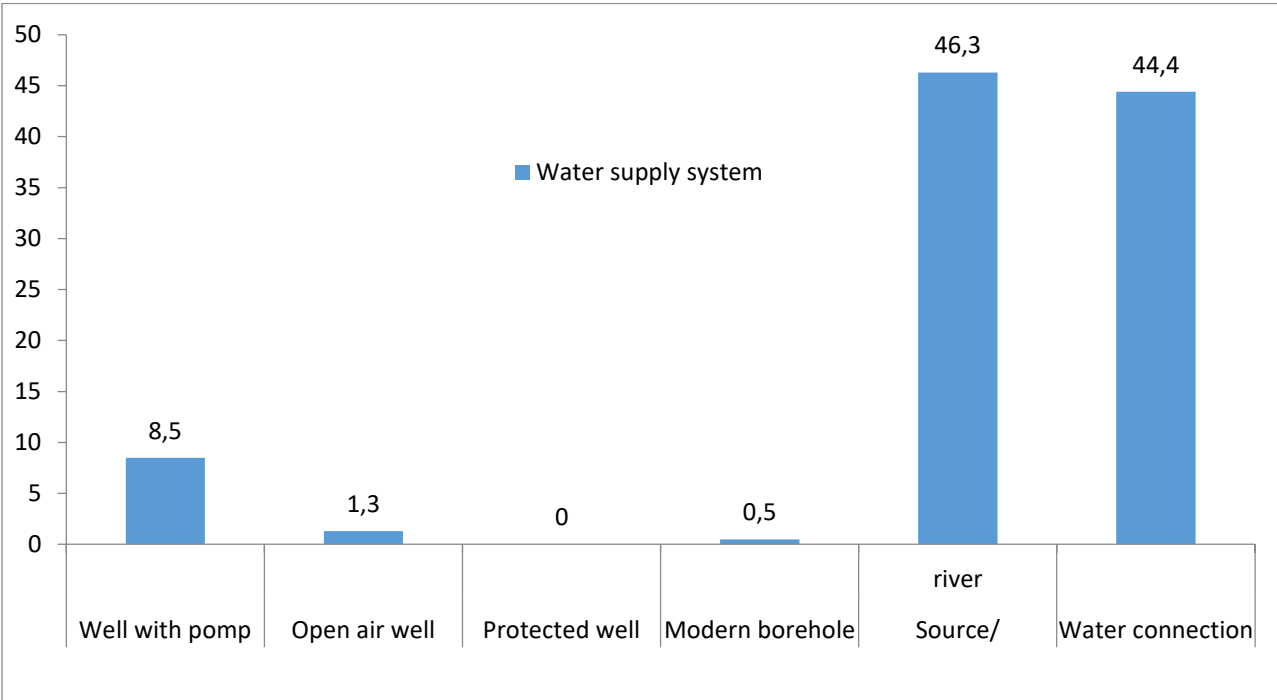
### 3.2 THE HYDRAULIC (WATER) SECTOR

The hydraulic or water sector is the availability of water in quality and in quantity for council citizen. This help to access the need in the sector and do a proper planning for future interventions that will contribute to citizen satisfaction.

#### 3.2.1 Availability and utilization of hydraulic services

The main available water source in Nguti is river (44,4%). Although 44.4% has greater availability, many depend on well with lump (8,5%), open air well (1,3%) and modern borehole (0,5%). Quality water is concentrated in the urban or semi urban area while rural area depends on river, stream. The rural population which constitutes the highest population is therefore more exposed to water diseases in an area where farmers use the same means to spray chemicals.

(fig: 6)



**Figure 6: Proportion (%) of households with existing water supply system**

Among the different existing water sources, there are major established public source where 72,9% are connected to water network, 13,9% source/river, 12% well with pump and 1% protected well. The result shows that 74.9% of households are using potable water. With respect to the knowledge I have for the council, this figure can be applied only for urban or semi urban area. (Table 4)

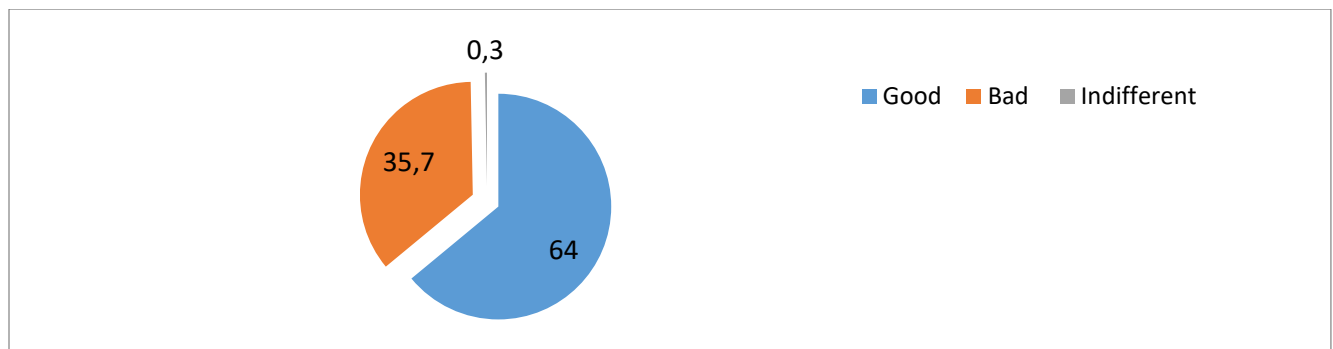
**Table 5: Distribution (%) of households using a public water source, by major source of public water**

% of household using potable water	Well with pump	Open air well	Protected well	Modern borehole	Source/river	Water connection	Total
74,9	12,0	0,0	1,0	0,3	13,9	72,9	100,0

### 3.2.2 Distribution (%) of households by the main source of water supply

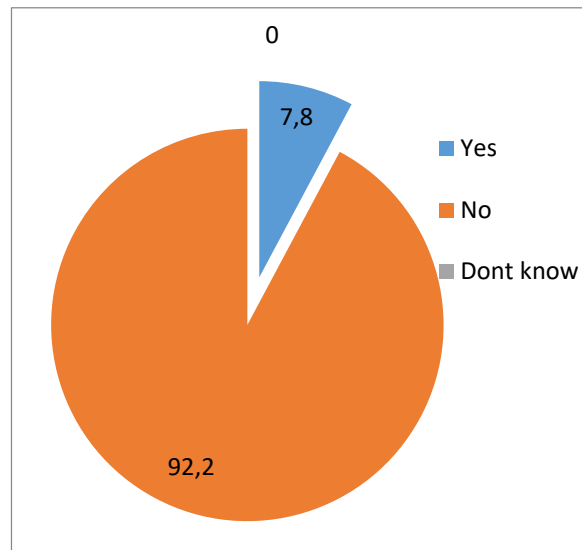
- **Water quality**

Water quality in the council according to the survey is good (64%) and only (35.7%) is bad. This is due to the availability of various water sources. But still that, most of the good water quality is not in the rural area.

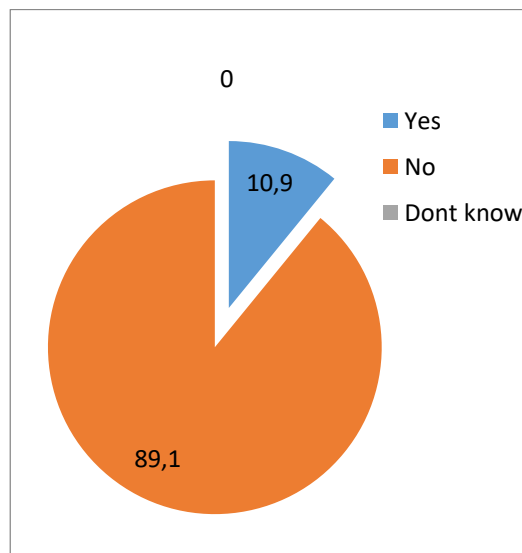


**Figure 7: Water quality**

Because we have good water in the urban and semi urban area, 92% do not have odour against 7.8% that has odour. Also, 89.1% of the water sources do not have colour against 10.9% that has colour.



**Figure 8: Water has taste**



**Figure 9: Water has color**



If we link these results to the water quality characteristics, we can conclude that the council has more quality water even though it benefits more the urban than the rural area.

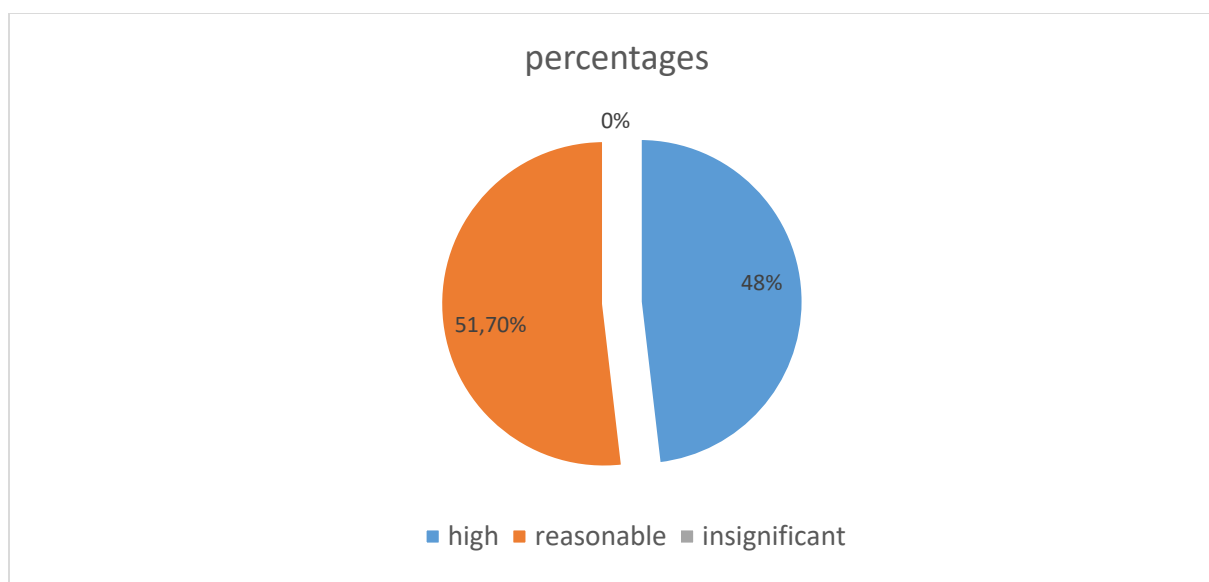
### 3.2.3 Cost and quality of water services

The amount spent on drinking water from the main public source is strictly high for citizens even though the rural people spend less than the urban people. 47.5% of households interviewed admitted paying for public water.

**Table 6: Distribution (%) of households according to the assessment of the amount paid to use the main source of public water**

Proportion (%) of households paying for water from the main public water source they use	Average monthly expenditure (in F CFA)
47,5	4 890,3

Moreover, people think that the amount used for monthly water expenditure is reasonable (51.7%), very high (48.3%). In general, cost of acquiring potable water is reasonable for the urban citizen and high for the rural ones. (Table 6)



**Figure 10: Appreciation on the amount paid for water services**

According to the data gotten, it is seen that the council has more water supply from the main public source of water available all year round (53%) and their access to water from the main public source of water used corresponds to water need 83.9% even though its benefits goes more to the semi urban and urban areas more than the rural areas. Therefore, the results do not match the real-life situation. (Table 7) Households whose frequency of access to water from the main public source of water used corresponds to water need doesn't exist.

**Table 7: Distribution (%) of households according to average time to go on foot to draw water and come back**

Proportion (%) of households with water from the main public source of water available all year round	On spot		< 15 mm	15-30 min	> 30 min	Total	Proportion (%) of households with all-day access to water from the main public source of water used	Proportion (%) of households whose frequency of access to water from the main public source of water used corresponds to water need
53,0	17,0	54,4	2,7	25,9	100	83,9	*	

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

Table 9 reports on the breakdown of water source used in the last 6 month (33.9%). Many households reported breakdown for repairs in less than 1 week (52.5%), follow by the period between 1 week to one month (28.2%). About 17.4% says the breakdown stay more than 3 months. In total, the breakdown of water source is rapidly maintained in the urban area while rural area suffers more after water source breakdown. (Table 8).

**Table 8: Breakdown (%) of households reporting a breakdown, by period of repairs of source**

Proportion (%) of households reporting a breakdown of the main source of public water used in the last 6 months	Less than 1 week for repairs	1week-1month for repairs	1-3 months for repairs	More than 3 months to repair	Not yet	Total
(33,9)	52,5	28,2	1,8	17,4	0,0	100,0

From table 10, those to whom the breakdown of water point is usually reported are mostly the chief or quarter head (80,6%) followed by administrative authority (9%), elite (8,6%) and management committee (2,4%). This is showing that the chiefs have power over the management committee

**Table 9: Percentage of households reporting the failure, believing that the declared failure was resolved by**

Mayor	State	Elite	Management committee	Village/quarter chief	Administrative authority	Others partners
(0,0)	(0,0)	(8,6)	(2,4)	(80,6)	(9,0)	(0,0)

From the reports on water point failure, the identification of household need are expected to be identify. It was identified that 37.3% of households have a need for drinking water supply in the

last 6 months and 32.8% households, among households with a need for water supply, whose expressed need for water has been met.

More over 60% of household think that the need could be achieved by the chief, 26.3% by elite, 8.1% by CAMWATER, 5.4%, by the management committee, 4.7% by the mayor and 1.2% by the state.

**Table 10: Households with a need, among those in need**

Percentage (%) of households with a need for drinking water supply in the last 6 months	Mayor	State	Elite	Management committee	Village /Quater Chief	Administrative authority	CAMWATER/SEC	Others partners	Percentage (%) of households, among households with a need for water supply, whose expressed need for water has been met
37,3	4,7	1,2	26,3	5,4	60,8	0,0	8,1	3,0	32,8

### 3.2.4 Appreciation of hydraulic services

The distribution of households satisfied with the need expressed in drinking water per time, to reach satisfaction in the council in term of waiting time to meet the expressed need is not known by the households. This could be because it used to be longer than the households can measure.

**Table 11: Waiting time to meet the expressed need**

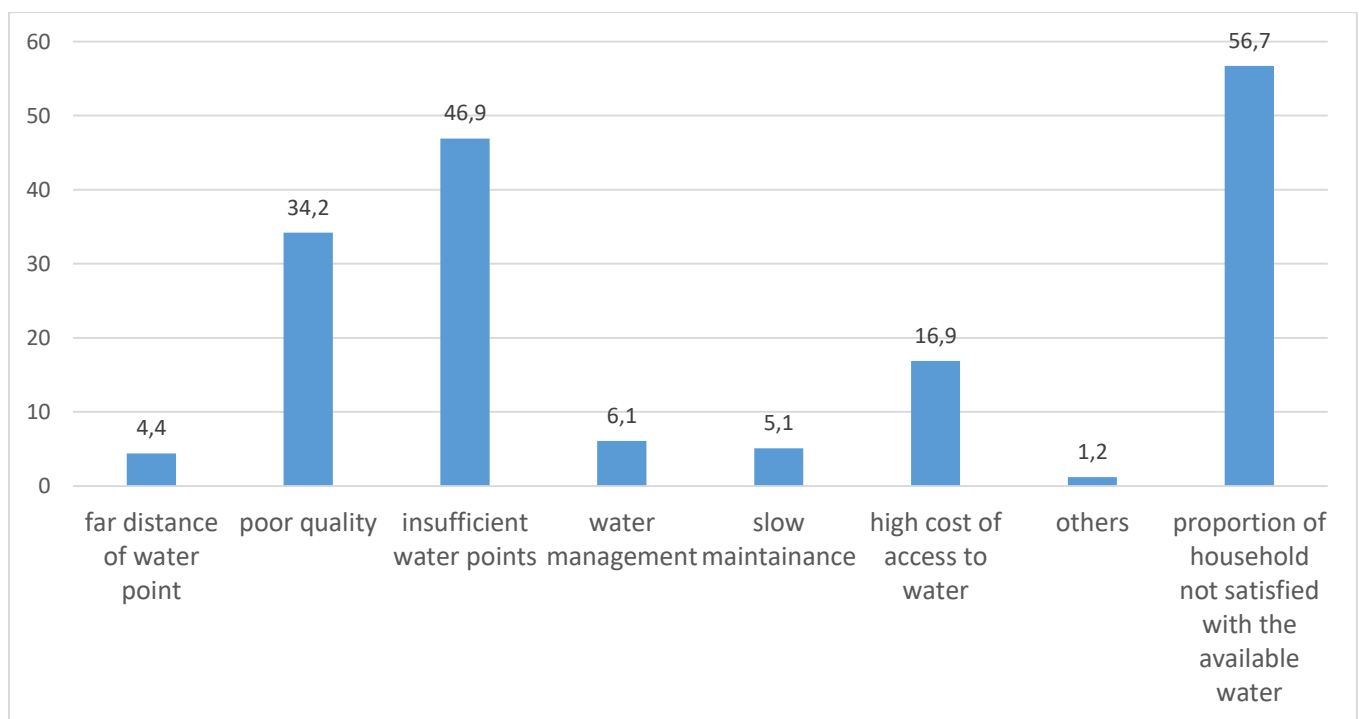
Less than 1 week	1 week-1 month	1-3 months	Total
*	*	*	*

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

This is why most of the households are not satisfied with the water quality and quantity.

### 3.2.5 Reasons of dissatisfaction of the populations

The results obtained show inadequate supply of quality water which need the attention of the council. 56.7% is not adequately supplied therefore not satisfied and from the table, none of the households are adequately supplied and so not satisfied (Table12). In the council, there is poor water quality (34.2%), insufficient water point (46.9%) high cost access to water (16.9%), slow water point maintenance (5.1%), poor water management (6.1%) and far distance to water point (4.4%). These are the reason of dissatisfaction of household in the council even though those in rural area more exposed.



**Figure 11: The percentage of people in need**

This analysis helps in understanding expected results from hydraulic services by households.

### 3.2.6 Expected results from hydraulic services

As seen on the table, 23.9% of households expect additional water points, 30.3% expect that the management of water sources has been improved, 20.4% expect repairs of damaged water points, 29.9% expect an improvement of the existing water quality and 15.6% a reduction in the cost of water.

**Table 12: Percentage (%) of households whose expectations in water supply are:**

Additional water point	Enhance management of water points	Repairs of damaged water points	Enhance quality of existing water point	Reduced cost	Others
23,9	30,3	20,4	29,9	15,6	2,3

### **3.2.7 Synthesis of the perception of hydraulic services and suggested improvement**

The Nguti community as a hold has insufficient water supply based on the result gotten from the survey, Nguti council area has 54 villages with just Nguti town having a good water supply from CAMWATER and the cost depends on the bills meanwhile the enclaved villages get water from springs and rivers which are not treated although free of charge. The citizens are requesting for CAMWATER and councils to resolve this issue and a reduction in costs

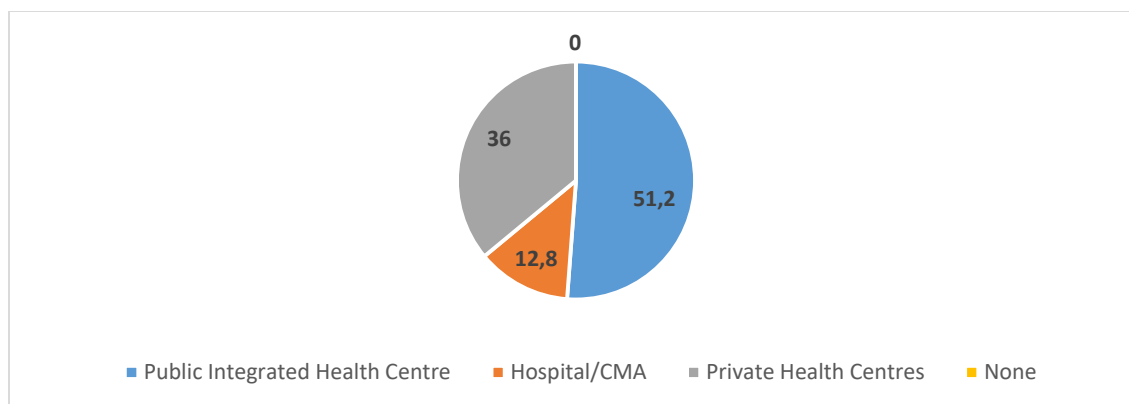
## **3.3 HEALTH SECTOR**

Household Health situation is a key to sustainable development for a council. Satisfaction on health facilities and services has a link with the availability of health infrastructures, health services and personnel.

Looking at the health situation, the government is ensuring that households not only have public health facilities, but that it should be closest to each neighborhood.

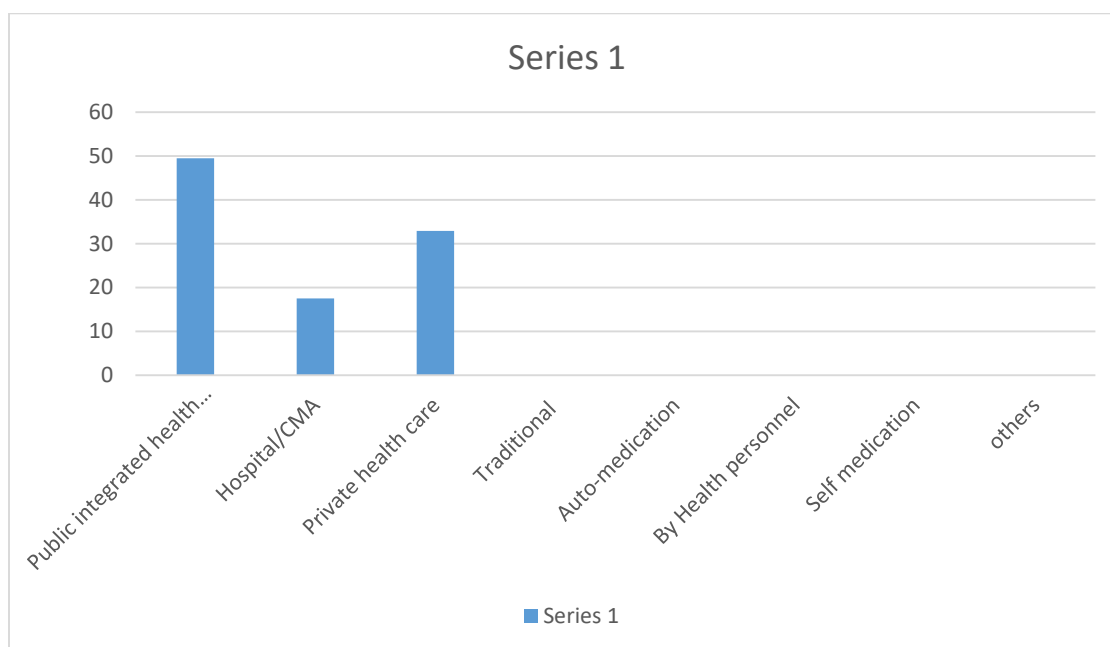
The Nguti council area has (07) integrated health centres (01) CMA, and (02) general hospitals which include St John of God in Nguti and Manyemem Presbyterian medical hospital

In the study, 51.2% of public health centres are closest to the households followed by private health centres (36%) and then hospitals/CMA (12.8%)



**Figure 12: Health facilities closest to household**

When households are faced with preferences before they access health facilities, it is a problem to the less accessible households more especially the rural areas. As seen from the table, the preferred health facility is the government integrated health centre (49.5%). This is followed by the private health centre (32.9%) and then the hospital/CMA.



**Figure 13: Distribution (%) of households by preference for health facility**

From the data presented on table 17, 58.9% of households use the closest health facility. 55.4% of households use nurses while 41.2% use medical doctors. Only 2.7% use nurse aids.

**Table 13: Proportion (%) of households seeking the nearest health facility, Distribution (%) of households for which a member requested the nearest health facility, by person responsible for the health facility**

Proportion (%) of household using the nearest health center	Health personnel used by at least one sick family member					Total
	Doctor	Nurse	Aide-soignant	Others	Don't know	
58,9	41,2	55,4	2,7	0,0	0,6	100

From the table below, it is observed that 81.2% of households observed that the health facilities had staff, 80.9% that the facilities had material and 94.3% that they had hospitalisation rooms.

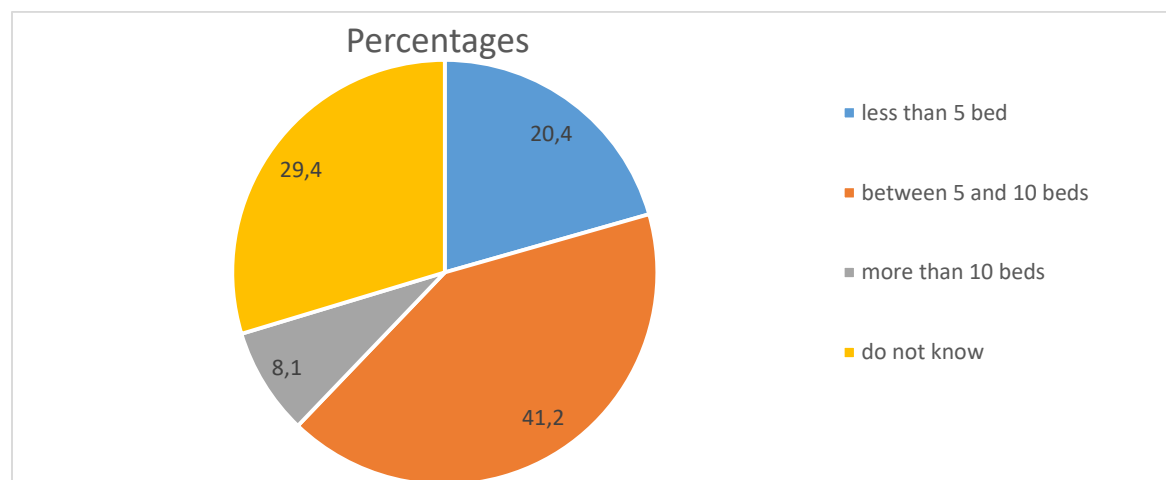
**Table 14: Proportion (%) of households who visited the facility in the last 12 months and reporting that:**

The health facility has staff	The health facility has the equipment	The facility has hospitalization rooms	None
81,2	80,9	94,3	0,8

Data observations prove that there are insufficient number of beds provided in each of the hospitalization rooms. 20.4% of households say there are less than 5 beds in a room, 41.2% of households said there are 5 to 10 beds in a room, 8.1% said that there are more than 10 beds and 29.4% indicated that they do not know.



The results show that the health care has been well equipped with a pro-pharmacy as 85.2% proportion of households who visited the facility in the last 12 months testified. 97.7% of this same population also testified that the pharmacies/pro-pharmacies are equipped with drugs.



**Figure 14: Number of beds found in the hospitalization rooms**

### 3.3.1 Availability and utilization of health facilities

From the data analysis, it took 48.5% of households more than 30 minutes to reach closest health facility from their homes, 30.3% between 15 and 30 minutes and only 21.2% less than 15 minutes.

**Table 15: Average time to reach the health facility closest to your village**

Less than 15 min	15 to 30 min	More than 30 min	Total
21,2	30,3	48,5	100,0

### 3.3.2 Cost and quality of health services

The appreciation of health service is measure here from the proportion of households in which one member was in consultation and paid for consultation and the distribution of households for which a member paid for consultation by assessing the amount paid.

Not going far from data results, almost all the households that is 98.9% proportions pay for consultation and the amounts vary from different users. We can see that many of those who were

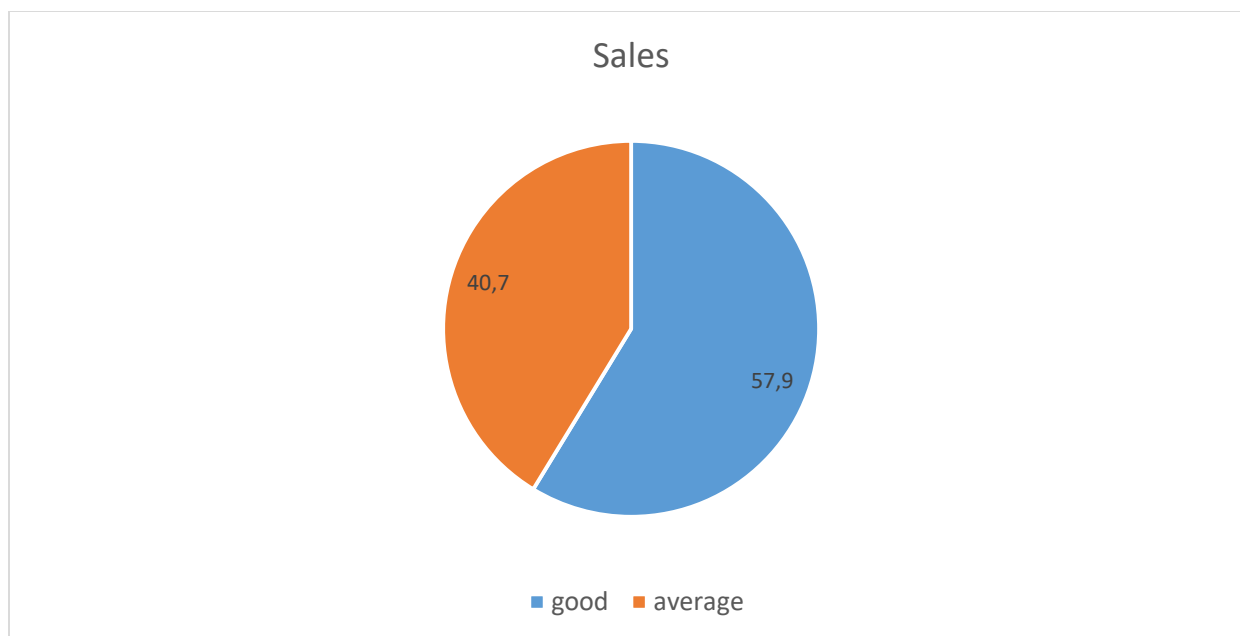
consulted (76.1%) admitted paying a cost between 500 to 1000 F. 75.3% found this amount reasonable. Only 5.5% of households said they spent more than 1000 Fcfa on consultation. No one had free health care. (Table 20)

**Table 16: Assessment of the amount paid to the health facility**

	amount paid for the consultation (F CFA)					Appreciation of the amount paid for the consultation			
Proportion (%) of households having paid a consultation in the nearest health facility	Free	Less than 500 FCFA	500 to 1000 FCFA	More than 1000 F CFA	Total	High	Reasonable	Insignificant	Total
98,9	0,0	18,3	76,1	5,7	100	22,6	75,3	2,1	100

### 3.3.3 Appreciation of health services

From the table below, 57.9% of household members that frequented the health facility reported that the reception was good. 40.7% said the reception is acceptable.



**Figure 15: percentage of satisfaction of the health services**

Meanwhile, the proportion of households where one member states that most health problems in the village are resolved is very high (62.3%) than the proportion of households with one-member reporting being dissatisfied with health services (38%).

#### **3.3.4 Reasons for the population's dissatisfaction**

Among households with a member who is not satisfied, 38.8% complain to poor quality / Insufficient equipment, 29.9% high cost of access to health care, 26.1% Poor quality of services offered, 10.1% insufficient health facilities, 7.3% to shortcomings related to the staff of the health, facility and 8.3% insufficient medication. These results are showing the implication of each component of health facilities to the dissatisfaction of households.

**Table 17: Solving Village Health Problems, Reasons for Dissatisfaction**

Distance from health facilities	Poor quality of services offered	Insufficient health facilities	Shortcomings related to the staff of the health facility	Mismanagement of the health facility	Insufficient medication	Poor quality / Insufficient equipment	High cost of access to health care	others
3,2	26,1	10,1	7,3	5,8	8,3	38,8	29,9	14,9

### 3.3.5 Expected results concerning health services

Still that, households where one member states that most health problems are resolved highlighted that they need supply of machine (25.9%), equipped health facility (53.7%), additional health facility and assignment of additional staff.

**Table 18: Household needs to be satisfied**

Additional health facility	Supply of medicine	deployment of staff	Equipped health facility	Others
14,9	25,9	8,9	53,7	11,5

### 3.3.6 Synthesis of the perception of health services and suggested improvements

The health services in the Nguti Council suffer from insufficient health facilities, high cost for treatment and poor distribution of health personnel. Citizens believe that solving those problems is to bring the services near to communities and reduce the cost for medical services

## 3.4 EDUCATION SECTOR

Educational services and infrastructure availability help to measure level of citizen education and assess the need to be satisfied.

### 3.4.1 Availability and utilization of education services

The proportion of households that provided responses on availability and use of different cycles of education varies from one type of education to another. 100% of household's state that the village / neighborhood has a nursery cycle; 99.3% for the primary cycle and 97.4 % for the secondary.

The table below equally shows that the average number of children in a household attending nursery education is 1.4 while that attending primary school is 2.5 and that attending secondary education is 2.3.

**Table 19: Education / Vocational Training Cycle**

	Proportion (%) of households where one member states that the village / neighborhood has the cycle	Average number of children in the household attending the cycle
Nursery	100,0	1,4
Primary	99,3	2,5
Secondary	97,4	2,3
Vocational training	*	*

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

From the data presented in table 25, most of the households attest that the schools are less than 1km from the homes. The secondary schools are farther away from the homes than the primary and nursery which are closer.

**Table 20: Distance to be travelled by the children of the household to go to the school**

	Less than 1 km	1to 5 Km	More than 5 km	Don't know	Total
Nursery	65,3	31,1	1,3	2,3	100,0
Primary	72,7	15,7	0,6	11,0	100,0
Secondary	41,4	35,3	11,2	12,1	100,0
Professional training	*	*	*	*	*

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

The average time taken by children to reach school is 26 minutes for nursery school, 29 minutes for primary school and 34 minutes for the secondary school. We found no professional schools in the council. Children have to migrate from one village to another to school.

While 72.2% of a household member state that the primary school is complete, 100% of a members of household states that the first cycle of the secondary school is complete and only 49% of a member of households say that the higher school is complete. While 59.4% of households said that the nursery school has a classroom, 65.7% and 91.5% of households said that the primary and secondary schools respectively have a classroom. It was unanimously agreed by the households that the children at all levels sit on a chair. 23.1% of households agreed that books are distributed in the nursery school while 30.9% said they are distributed in the primary school. No books are distributed in the secondary schools.

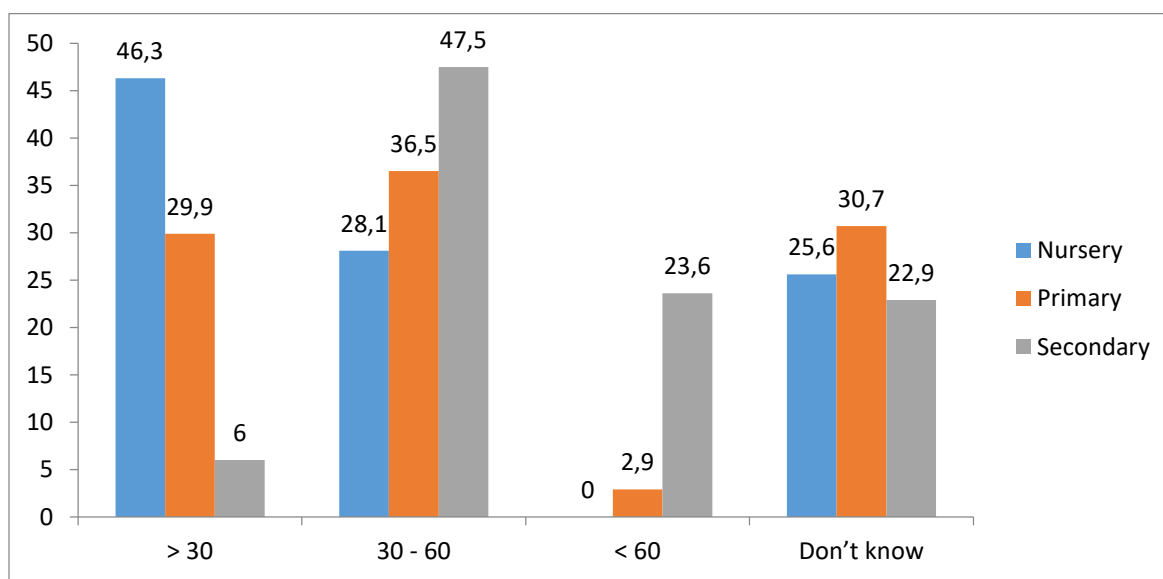
**Table 21: percentage of household who responded if schools where complete and benches available**

	cycle is complete	first cycle is complete	second cycle is complete	The vocational training center has a fully	The cycle has a classroom	The children of the household sit on a bench	The books are distributed in the cycle

				equipped workshop			
Nursery	0,0	0,0	0,0	0,0	59,4	86,6	23,1
Primary	72,2	0,0	0,0	0,0	65,7	72,8	30,9
Secondary	0,0	100,0	49,0	0,0	91,5	93,4	0,0
vocational	*	*	*	*	*	*	*

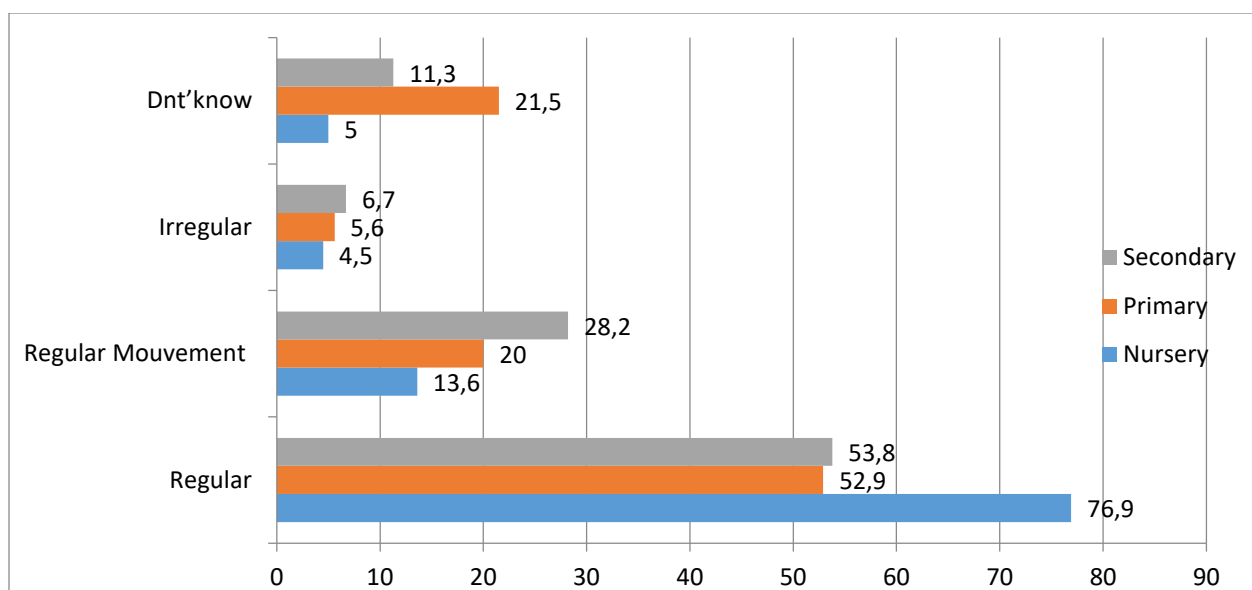
\* Means the percentage is low to comment on the indicator

The average number of students per class is showing that secondary education has more population than primary education. Classes in the secondary schools usually have between 30 and more than 60 students while in the nursery school classes usually have 30 pupils and below.



**Figure 16: Average number of students in the class**

Also, the frequency of the presence of teachers is high in nursery school follow by secondary and then the primary school.



**Figure 17: Assessment of the frequency of presence of teachers in the classroom**

### 3.4.2 Cost and quality of education

They are households in the Nguti community who pay fees in all the different educational sections although they are also exceptional cases the people have different view as far as the cost is involved those who said expenditure is high for secondary and nursery school constitute 59% and 54.2%, affordable for the primary school (45.7%) says the fee is reasonable.

**Table 22: Households paying fees due by appreciation of the amount paid**

	Means expenditure (FCFA)	High	Reasonable	Insignificant	Non concern	Total
Nursery	2.325.697,2	54,2	44,1	0,0	1,7	100,0
Primary	1.380.175,6	37,9	45,7	0,0	16,4	100,0
Secondary	4.174.344,1	59,0	37,9	0,0	3,1	100,0
Vocational training	*	*	*	*	*	*

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



### 3.4.3 Appreciation of education services by level

From the survey households who paid for something else in addition to the education fees, most of the households are not concern but they spend much for PTA fees for all educational type.

**Table 23: Percentage of households whose member states that the damaged room has been repaired by**

	PTA	Mayor	Village organisation	MINEDUB/ MINESEC/ MINEFOP	Elites	Partner
Nursery	98,1	0,6	11,3	0,0	4,6	0,0
Primary	70,7	0,9	21,2	1,3	4,8	1,3
Secondary	92,2	0,6	0,0	0,0	1,9	0,0
Professional training	*	*	*	*	*	*

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

### 3.4.4 Reasons for people dissatisfaction on education services

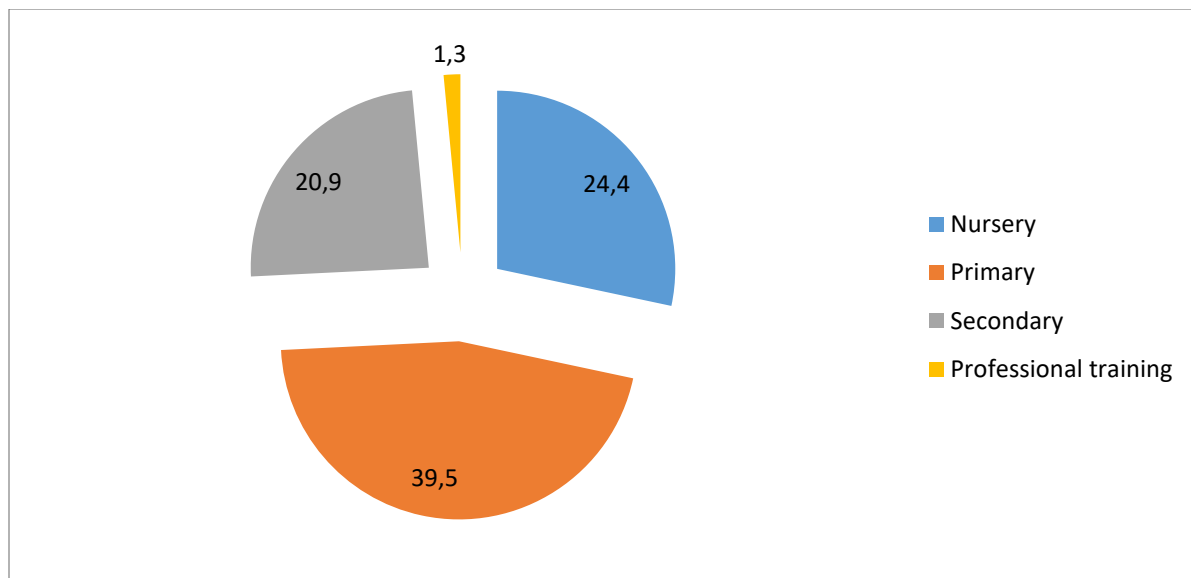
Even though household paid more fees for PTA to support PTA teacher salaries they are not satisfy which the educational services and infrastructures. Distance from educational services for primary school is high and uncertain for secondary school because most villages do not have access to secondary school and need to transfer to another village for the purpose. There is insufficient classrooms for nursery (83.3%) and primary school (51.1%). schools are suffering from inadequate conduct from staff and high cost of schooling.

**Table 24: Proportion (%) of households not satisfied with cycle / training education services by reason of dissatisfaction**

	Distance from education services	Insufficient classrooms	Insufficient equipment	Inadequate schools	Staff misconduct	Absence of distribution of textbooks	Bad results	High cost of schooling	Others
Nursery	3,1	83,3	22,0	6,2	18,4	11,4	7,2	31,8	11,2
Primary	4,3	51,1	22,4	5,3	17,1	6,2	10,5	25,1	4,2
Secondary	(1,6)	(26,4)	(27,9)	(0,0)	(6,1)	(4,3)	(7,5)	(38,1)	(0,7)
Professional training	*	*	*	*	*	*	*	*	*

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

Concerning the services offered at the municipal institution, Following the educational services offered to the citizens by traditional council, 39.5% are not satisfied.



**Figure 18: Proportion (%) of households not satisfied with education services**

### 3.4.5 Expected results in terms of education

Because of dissatisfaction of less than 50% households, they need additional classrooms for nursery school (37.7%) and primary school (33.7%), there is also as need for staff for primary school (34%).

**Table 25: Proportion (%) indicating household expectation**

	Have a school closer	Add classroom	Add equipment	Add schools	Add staff	Distribute textbooks	Improve results	Reduce costs	Others	Total
Nursery	4,2	37,7	13,2	8,1	23,5	13,0	8,9	11,1	0,5	100,0
Primary	3,0	33,7	16,3	10,7	34,0	16,5	16,1	11,2	0,0	100,0
Secondary	3,0	15,4	13,8	8,0	12,9	8,7	9,5	10,8	0,0	100,0
Professional training	2,0	5,4	5,4	9,2	5,4	5,4	4,6	0,8	0,0	100,0

### 3.4.6 Synthesis of the perception of education services and suggested improvements

Summarily the availability of education services in the Nguti area is satisfactory with the majority of the population accessing schools. Maintenance of schools, provision of classroom and benches is made available unto the community by various actors, however the distribution of books to schools (nursery and primary) schools is low, the fee for (nursery and secondary) and the PTA levies for primary are concluded high, constituting reasons for dissatisfaction on educational services, beside the irregularity of teachers and inadequate infrastructure

## 3.5 COUNCIL SERVICES

These are services rendered by council workers (administration) to household for property right, tax recovery, birth certificate and others. These services give more security to community property and circulation.

### 3.5.1 Availabilities and used of services at the municipal institution

The different services requested by households are birth certificates establishment (11,5%) which is the most used followed by certification of official documents, acquiring building permit, marriage certificate and validation of location plan.

**Table 26: Proportion (%) of households for which a member requested the service,**

	Proportion (%) of households who requested the service
Establishment of birth certificates	11,5
Marriage certificate	4,9
Building permit	2,8
Death certificate	2,6
Certification of copies of official documents	3,2
House certificate	2,5
Location and validation of plan	2,2
Information	1,0
Others	0,2

Source: Survey report CCPA Nguti 2017

Usually the time used for those services is not certain for household members.

### **3.5.2 Cost and quality of services**

The proportion of households where member requested the service and found long waiting time is more on the birth certificate (2.1%). The proportion of households where member requested the service and paid a tip is also on birth certificate establishment (7.1%) follow by marriage certificate (4.6%), building permit and house certificate. Breakdown (%) of households whose member asked for a service by time to do service.

The cost while they are waiting before having the service because of unavailability of staff at duty post, absence of work equipment, corruption is mentioned by the household.

**Table 27: Appreciation of the cost and time taken for service delivery**

	Proportion (%) of households who find the service time long or very long	Proportion (%) of households that paid a tip for service
Establishment of birth certificates	2,1	7,3
Certification of copies of official documents	0,0	1,9
Building permit	0,0	2,5
Death certificate	0,0	2,5
Marriage certificate	0,0	4,6
House certificate	0,0	2,3
Location and validation of plan	0,0	1,8
Information	0,0	0,5
Others	0,0	0,0

Sources: Survey report CCPA Nguti 2017

### 3.5.3 Evaluation of municipal institutions services

Proportion (%) of households where one member reported that the municipality involves the village / district in planning, Percentage of households that one member requested to receive from the municipality by type.

**Table 28: Response from household involvement in council services**

Participate in village assemblies to develop the CDP	Having received a communication on the annual budget	Having received a communication on expenditure and revenue	Have received support from the village / neighbourhood in development actions	That the village / neighbourhood is involved in the planning	That the village / neighbourhood is involved in programming and budgeting
7,0	3,6	4,1	6,2	6,1	46,9

Source: Survey report CCPA Nguti 2017

### 3.5.4 Reasons for people dissatisfaction

The household member who said they are not satisfied is (38.7%). These dissatisfactions are due to non-involvement of the populations in the council management (42.5%), non-visibility of municipal action 27.1%, Unavailability of the municipal executive (Mayor and his deputies) (22.9%), Shortcomings related to council staff (absenteeism, corruption, poor reception ...) (13.7%) and heaviness in handling user requests (2.9%)

**Table 29: Percentage of households where a member has a reason for dissatisfaction**

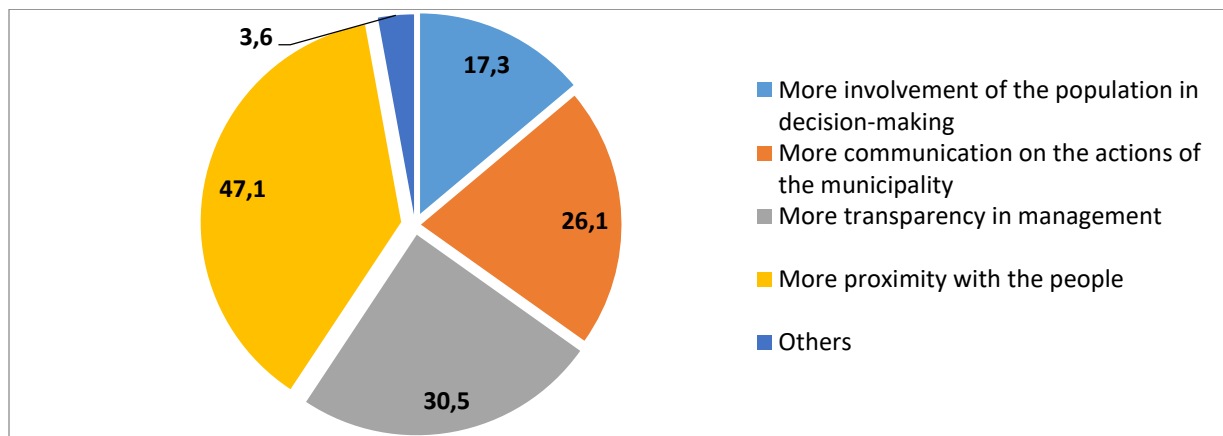
Heaviness in handling user requests	Non-involvement of the populations in the council management	Shortcomings related to council staff (absenteeism, corruption, bad reception, ...)	Non visibility of municipal action	Unavailability of the municipal executive (Mayor and his deputies)	others
2,9	42,5	13,7	27,1	22,9	3,5

Source: Survey report CCPA Nguti 2017

### 3.5.5 Main expected results from municipal institutions services

Because of the high level of dissatisfaction, household members recommend the council services should move closer to the population 47.1%, more transparency in management (30.5%), more communication on the actions of the municipality (26.1%) and mores involvement of the population in decision-making (17.3%).

Percentage of households where one member has expectations of the municipality by type of waiting



Source: Survey report CCPA Nguti 2017

**Figure 19: Households where one member has expectations of the municipality by type of waiting**

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

- From the data gotten, a majority of the households says the Nguti council does not involve the general population in the council management,
- Unavailability of the municipal executives (mayor and his deputies),
- A longer time is taken by the council in rendering council services in areas such as birth and marriage certificate.
- Fellow up should be done on the council workers

### **3.6 CONCLUSION AND MAIN RECOMMENDATIONS**

The Household in the Nguti municipality are fairly satisfied with the services that are being rendered by the various sectors that is water, health, education and council services as can be seen from the data analyzed, though there are still some reservations by household.

The hydraulic sector in the Nguti council municipality is a call of concern since only Nguti town has portable water (CAMWATER) with the highest portion of the population making use of rivers and streams

The Nguti municipality health sector needs to be equipped and more health care units are needed to help the population in the villages to have access to the medical facilities around areas where there is inaccessibility of roads

The educational sector is averagely good since nursery and primary schools are available the municipality needs vocational and more secondary schools since the majority of the population is involved in rural exodus for educational purposes

There is limited involvement of the local population in the council activities because of poor road network. So, the population in the villages rely mostly on their local authorities for the day to day running of their activity so they have little knowledge of the council's activities.

All the areas are sensitive to improve the welfare of the people in the community

The following recommendations are being made

#### **WATER SECTOR**

- Construction of more water collection points
- Repair of damaged water supply points
- Greater implication of the state, elite and CAMWATER
- There should be an improvement in quality of water supplied
- The water collection points should be under survey time by time and an increase in the hygienic condition of the points
- The population should promptly report cases of damages to the relevant authorities.



## **HEALTH SECTOR**

- Reduction in the cost of consultation and drugs.
- More health facilities should be provided.
- Improvement of the quality and quantity of health equipment.
- Frequent maintenance should be done within the facilities.
- Deployment of more qualified health personnel.
- Provision of more drugs in the health facilities.
- improvement in the management of the health facilities

## **EDUCATIONAL SECTOR**

- Follow up should be done on the PTA (PARENT TEACHER ASSOCIATION) committee since PTA teachers are not being paid regularly
- Provision of more qualified staff
- Provision of more classrooms, tables and benches;
- Ensure the regularity of teachers in class;
- The school fee should be reduced
- More involvement of the government, elites and council in the provision of equipment and material to the schools and maintenance of school property;
- There should be an improvement in the end of year results
- Parents should be sensitised on the importance of extra classes to improve on the results.

## **COUNCIL SECTOR**

- The population should be involved in decision making
- Greater transparency in the management of council projects and budgets;
- There should be visibility in municipal actions;
- Check staff absenteeism, corruption and poor reception of the population;
- The availability of the mayor and his assistants should be taken into consideration

## CHAPTER 4:

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

We believe that citizens are a critical catalyst in ensuring good governance and effective service delivery. As such they need to be empowered first with knowledge of their own rights and responsibilities; second with knowledge of the roles and responsibilities of their leaders; and third how they can contribute to the development process in their communities through. Citizen Engagement Meetings (CEMs) are specifically designed to bridge this knowledge gap while at the same time build the capacity of citizens to participate in monitoring the services, the mechanisms of civic engagement to demand effective delivery of services.

#### 4.1 PROGRAM OF DISSEMINATION OF RESULTS

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

#### 4.2 SYNTHESIS OF PROBLEMS ENCOUNTERED

Sector	Problems identified	Suggested Solutions	Level of implementation	
			Local <sup>2</sup>	Central
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

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<sup>2</sup> It is those solutions that will allow to make the plan of action.

Health	High consultation fee	Provision of subsidy	-	MINSANTE
	Poor quality and insufficient medical equipment	Provision of additional and good quality equipment	Council	MINSANTE
	Insufficient medical personnel and low quality services rendered	Deploy more medical personnel and update skills regularly	DMO	MINSANTE
	Insufficient health facilities and drugs	Provide additional health facilities and drugs	Council	MINSANTE
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, Sectary 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. Supply quality potable water	<b>Specific Objectives 1.1.1</b> Ameliorate the filtration and water treatment process	Action 1.1.1.1 Clean water filters very often	At least 95% of water has no colour	64%	95%	Every 6 months	WMC record books, Testimonies	Water Management Committee (WMC)	Council, MINEE	600,000
			Action 1.1.1.2 Treat water regularly	At least 95% of population admits water is good quality by Dec 2018	64%	95%	52 times a year	Records of Lab technician and chair of WMC	WWC Laboratory technician	Council, MINEE	1,800,000
		<b>Specific Objectives 1.1.2</b> Create, reorganise and build capacities of water management committees.	Action 1.1.2.1 Create new water management committees where they do not exist and train them.	At least 8 new WMC created and one training workshop held by Nov 2018	0 New WMC 0 training	8 new WMC 1 training	Once yearly	WMC record books, List of participants, Training report.	Council	MINEE	800,000
			Action 1.1.2.2 Reorganise and build capacities of existing water	At least 5 reorganisation meetings carried out and	1 meeting 1 capacity building workshop	5 meetings	5 meetings	Meeting reports  Workshop report.	Council	MINEE	300,000

			management committees.	capacities of at least 20 persons built by Dec, 2018.			1 capacity building workshop	List of participants			
	1.2 Improve the population's access to potable water	<b>Specific Objectives 1.2.1</b> Promptly repair and rehabilitate damaged water systems	Action 1.2.1.1 Studies and purchase of materials	90% of materials ready by October 2018	60% materials	95%	Monthly	Receipt, records of WMC	Council, WMC	MINEE	2,200,000
			Action 1.2.1.2 Repairs of damaged systems	95% of repairs done by Dec 2018.	60%	95%	Monthly	Reports, Site view and pictures	WMC	MINEE	900,000
		<b>Specific Objectives 1.2.2</b>  Increase the number of water collection points	Action 1.2.2.1 Purchase of materials	90% of materials ready by October 2018	60% materials	95%	Monthly	Receipt, records of WMC	Council, WMC	MINEE	1,400,000
			Action 1.2.2.2 Construction of new collection points	90% of materials ready by October 2018	0	10	Monthly	Reports, Site view and pictures	WMC	MINEE	800,000
<b>Sub Total 1</b>											<b>8,800,000</b>
<b>Health</b>	2.1 Improve access to quality healthcare.	<b>Specific objective 2.1.1</b> 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	200,000

			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.	70%	90%	Yearly	Training report, Attendance sheets	Council	MINSANTE, DMO	200,000
		<b>Specific objective 2.1.2</b> 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.	60%	95%	Once in 5 years	Site view, Rehabilitation reports.	Council	MINSANTE Contractors	200,000
			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	700,000
			<b>Sub Total 2</b>								
<b>Education</b>	3.1 Improve access to quality education	3.1.1 Increase school infrastructure, equipment and material	3.1.1.1 Construct 2 classrooms 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	At least 100 desks supplied	0	100	once	Site visit, Inventory	Council, PTA	MINEDUB, MINESEC	1,000,000



			Purchase and supply desks to schools	by Dec 2018							
		3.1.2 Improve services provided in the sector.	3.1.2.1 Recruit more teachers and ensure their regularity in class	At least 20 new teachers recruited by Sept 2018. Results improve by at least 20%	0	20	once	Contracts, Reports	PTA	MINEDUB, MINESEC	8,000,000
			3.1.2.2 Reduction in the fees paid	Fees drops by at least 10% by Sept 2018	1%	10%	Once	Fees receipts	PTA	MINEDUB, MINESEC	200,000
<b>Sub Total 3</b>											<b>21,200,000</b>
<b>Council</b>	4.1 Build the capacity of Nguti council to effectively carry out its role in local development	4.1.1 Improve on the functional capacity of Nguti Council.	4.1.1.1 Build capacity of staff on fund raising	At least 5 council staff gain knowledge and skills on fund raising by Dec 2018	0	5	Once yearly	Attestations received, Training report	Council	PAID-WA	700,000
			4.1.1.2 Train councilors on the monitoring of council	At least 25 councilors gain knowledge and	0	25	Every 5 years	Attendance lists Training report	Council	AJESH	900,000

			investment budgets and projects	skills by Dec 2018							
		4.2.1	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
		Introduce measures that will enable the council function Better	4.2.1.2 Improve communication using newsletters, bill boards, community radio programmes etc.	1 newsletter published monthly; Monthly radio programmes broadcasted monthly.	0	12	monthly	Copies of newsletters, Burnt CDs	Council	PNDP, Community radio	300,000
<b>Sub Total 4</b>											<b>2,200,000</b>
<b>Grand Total = Sub Total 1+Sub Total 2 + Sub Total 3 +Sub Total 4</b>											<b>33,500,000</b>

## ANNEXES

### Annex 1 SURVEY QUESTIONNAIRE

Citizen Report Card

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

#### Section I. BACKGROUND INFORMATION

A01	Region _____	_ _
A02	Division _____	_ _
A03	Council _____	_ _ _
A04	Batch number	_ _
A05	Counting Zone Sequential number	_ _
A06	Residence stratum :                      1=Urban      2=Semi-urban      3=Rural	_
A07	Name of the locality _____	
A08	Structure number	_ _ _

A08a	Household number in the sample	_ _
A09	Name of the household head _____	
A10	Age of the household head (in years)	_ _
A11	Sex of the household head : 1=Male 2=Female	_
A12	Name of the respondent _____	
A13	Relationships between the respondent and the household's head (see codes)	_
A14	Sex of the respondent: 1=Male 2=Female	_
A15	Age of the respondent (on a bygone-year basis)	_ _
A16	Phone number of the respondent	_ _ _ _ _ _ _ _ _ _ _
A17	Date of beginning of the survey	_ _ / _ _ / _ _ _ _
A18	Date of end of the survey	_ _ / _ _ / _ _ _ _
A19	<b>Name of the enumerator</b> _____	_ _
A20	<b>Name of the council's supervisor</b> _____	_ _
A21	Data collection result	_
	1=Complete Survey 4=Absence of a qualified respondent	

2= Incomplete Survey

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

3=Refusal

96= Any other reasons (to be specified)

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

A22 Assessment of the quality of the survey

|\_ |

1= Very good 2=Good 3=Average 4=Poor 5=Very poor

#### CODES

1 = Household Head

3 = Son/Daughter of the Household head or of his/her spouse  
5 = Other parent of the Household Head or of his/her spouse

2 = Spouse of the Household Head

4 = Father /mother of the Household Head or of his/her spouse

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

7= Maid

Q13\_\_\_\_\_

Section II. POTABLE WATER			
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><input type="checkbox"/></p>

Section II. POTABLE WATER		
	3=Protected well      6 =Access to tap potable water	
H03	What is the quality of the said water? 1=Good   2=Poor   3=Indifferent	_
H04	Does this water have an odour? 1=Yes   2=No   8=NSP	_
H05	Does this water have a taste? 1=Yes   2=No   8=NSP	_
H06	Does this water have a colour? 1=Yes   2=No   8=NSP	_
H07	Do you pay something to get this water? 1=Yes   2= <del>No</del> → If no      H08	_
H07a	If yes, how much do you spend on average per month? (give an amount in FCFA)	_ _ _ _ _
H07b	How do you appraise the said amount? 1=High   2=Affordable   3=Insignificant	_
H08	Is this water available throughout the year? 1=Yes   2=No	_
H09	How many times do you need, on average, to go on foot and fetch water and come back?	_

Section II. POTABLE WATER			
	1=On the spot 2=Less than 15 minutes 3=Between 15 and 30 minutes 4=more than 30 minutes		
H10	Has this water point had a breakdown at a given time during the last six months, notably since .....? 1=Yes 2=No If no H11.		<input type="checkbox"/>
H10a	If your water point had a breakdown at a given point in time during the last six months, notably since ....., how long did it take for it to be repaired? 1=Less than one week 2=Between one week and one month 3=Between one month and three months 4=Over three months 5=Not yet, —if 5,—→ H11		<input type="checkbox"/>
H10b	Who repair it?	1=Yes 2=No A=Mayor (Council) B=State C=An elite	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Who else?	D=The Water Management Committee E=the village/quarter head F=CAMWATER/SNEC/CDE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



Section II. POTABLE WATER			
		G=Other _____	partners/stakeholders :  _
H11	Do you have access to that water point at any moment of the day? 1=Yes 2=No If yes → H13		_
H12	If no, what is the daily frequency in terms of potable water supply in your household? 1=Once ; 2=Twice; 3=Thrice		_
H13	Does the said frequency correspond to your current need in terms of potable water consumption-? 1=Yes 2=No		_
H14	Did you express any need in terms of potable water supply in the course of the last 6 months, more specifically since .....? 1=Yes → 2=No If no H18		_
H15	To whom did you submit your request/needs?  (several answers are possible)	1=Yes 2=No A. Mayor (Council)  B. State  C. An elite  D. The Water Management Committee	_    _    _    _

Section II. POTABLE WATER			
	Other?	E. The village/quarter head F. the Administrative authorities G. CAMWATER/SNEC/CDE X. Other stakeholders : _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H16	Has your need been met? 1=Yes 2=No <del>If no</del> → H18		<input type="checkbox"/>
H17	In the event of a satisfactory answer, how much times did it take for your need to be satisfied?  1=Less than one month                      3=Over three months  2=Between one and three months		<input type="checkbox"/>
H18	Broadly speaking, what is your level of satisfaction, especially in terms of water supply in your village? (Just circle a single answer) 1=Satisfied 2= Indifferent 3=Unsatisfied  If 1 or 2 → H20.		<input type="checkbox"/>

Section II. POTABLE WATER			
H19	<p>State the reasons of your non--satisfaction with regard to water supply in your village (several answers are possible).</p> <p>Any other reason?</p>	<p>1=Yes    2=No</p> <p>A. Far distance to access to the water point</p> <p>B. Poor quality of water</p> <p>C. Insufficiency of water supply points</p> <p>D. Poor management of the water supply</p> <p>E. Failure/delay to repair in case of breakdown</p> <p>F. High cost of water supply</p> <p>X. Any other reasons to be specified : _____</p>	<p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p>
H20	<p>What are your expectations in terms of supply of potable water? (Several answers are possible).</p>	<p>1=Yes    2=No</p> <p>A. Additional water points ;</p> <p>B. Improvement in terms of management of the existing water points;</p>	<p> __ </p> <p> __ </p>

Section II. POTABLE WATER			
	Any other expectation?	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"/>

Section III. HEALTH		
S01	Which is the nearest health care unit to your household?  1= Public integrated health Centre    2= Hospital/CMA    3= Private health Centre	<input type="checkbox"/>
S02	How much time do you need, on average, to reach the nearest health care unit from your household?  1=Less than 15 minutes    2=Between 15 and 30 minutes    3=Between 30 minutes and 1 hour, 4 = Over 1 hour	<input type="checkbox"/>

Section III. HEALTH		
S03	<p>Where do your household members preferably go when they have health problems? (Just a single answer)</p> <p>1=Public integrated health Center                      5=Medicine store</p> <p>2=Hospital /CMA    6=Go to a medical staff member</p> <p>3=Private health center                                      7= Treat at home Self-medication</p> <p>4=Traditional healers                                        8=Others (to be specified)</p>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
S04	<p>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 ..... ?</p> <p>1=Yes                      2=No                      <del>If no</del> → S17</p>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
S05	<p>Who is in charge of managing such health care units?</p> <p>1=Medical doctor    2=Nurse    3= Nurse aider    4=Other (to be specified) _____</p> <p>8= Does not know</p>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
The last time a member of your household was taken care of in such a health care unit,		
S06	<p>Were the medical staffs present?    1=Yes    2=No</p>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>

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

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

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



Section III. HEALTH			
		X. Other to be specified_____	_

Section IV. EDUCATION					
	Education cycle →	Nursery	Primary	Secondary	Vocational training
E01	Is your village/quarter provided with an education cycle « Name of the said cycle »? 1=Yes 2=No	_	_	_	_
E02	How many children from your household attend the nearest school? (name of the cycle) (write down the number in front of each cycle)	_ _	_ _	_ _	_ _
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				
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)	_ _	_ _	_ _	_ _
E05	Is the school (name of the cycle) attended by children from your household provided with a complete cycle?  1=Yes          2=No		_	1st cycle  _	2 <sup>nd</sup> cycle  _
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				_
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				
E08	Are all the children seated on a bench in the school (name of the cycle) attended by children from your household?  1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E09	Are school textbooks distributed to pupils in the school (name of the cycle) attended by children from your household?  1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>		
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?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	1=Regular 2=Averagely regular 3=Irregular				
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 FCFA)
E13	How do you appraise such amount? 1=High 2=Affordable 3=Insignificant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E15	Were you obliged to pay such additional fees to the school (name of the cycle) 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



E18	State the reasons of your non-satisfaction in connection with the basic education services provided in (name of the cycle) in your village?				
	(Several answers are possible)				
	Any other reason? 1=Yes      2=No				
	A. Far distance to access the education service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Insufficiency of class-rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Insufficiency of equipments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Insufficiency of schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Insufficiency of teaching Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F. No distribution of text books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G. Poor results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. High tuition fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X. Any other reason to be specified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

E19	Do you have any expectations in terms of provision of education services in the (name of the cycle)?				
	(Several answers are possible)				
	Any other expectation? 1=yes      2=No				
	A. Have a school located nearer to the village/quarter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Build more class-rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Add additional Equipments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Create more school/vocational training center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Recruit more teaching staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F. Distribute text books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G. Improve the results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Reduce the costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X.                Others                (specified)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____					

Section V. COUNCIL SERVICES							
<p>Council Services</p> <p>↓</p>	<p><b>C01</b> Have you requested for a specific service to the council (name of the service) during the last 12 months, notably since..... ?</p>	<p><b>C02</b> 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><b>C03</b> 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</p>	<p><b>C03a</b> Since when did you ask for this service? (in day)</p>	<p><b>C04</b> How do you assess this waiting time?</p> <p>1=Reasonable 2=Long</p>	<p><b>C05</b> 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</p>	<p><b>C06</b> Did you have to pay a tip in order to obtain the said service ?</p> <p>1=Yes 2=No</p>



	1=Yes 2=No  following → service		4=Between one month and three months  5=Beyond three months  6= Ongoing  If C03=1 2, 3, 4 or 5  → C04		3=Very long  If C04=1 → C06	3=Corruption  4=Other factors (to be specified) _____	
Issuance of birth certificates	_	_	_	_ _	_	_	_
Certification of official copies of documents	_	_	_	_ _	_	_	_
Building permit	_	_	_	_ _	_	_	_
Death certificate	_	_	_	_ _	_	_	_
Marriage certificate	_	_	_	_ _	_	_	_

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		__
C12	Does the council involve your village/quarter when programming and budgeting development actions? 1=Yes      2=No      8=Does not know		__
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		__
C14	<p>State the reasons of your non-satisfaction with regard to services provided by the council (Several answers are possible).</p> <p>Any other reason ?</p>	<p>1=Yes      2=No</p> <p>A. Cumbersome procedures with regard to the processing of users' requests</p> <p>B. Non-involvement of the populations in the management of development activities by the council</p> <p>C. Defaults inherent to the Council staff (absenteeism, corruption, poor reception, etc...)</p> <p>D. Poor visibility of the council action on the populations</p> <p>E. Unavailability of the council executive (the Mayors and his/her deputies)</p>	<p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p>

		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"/>  	

